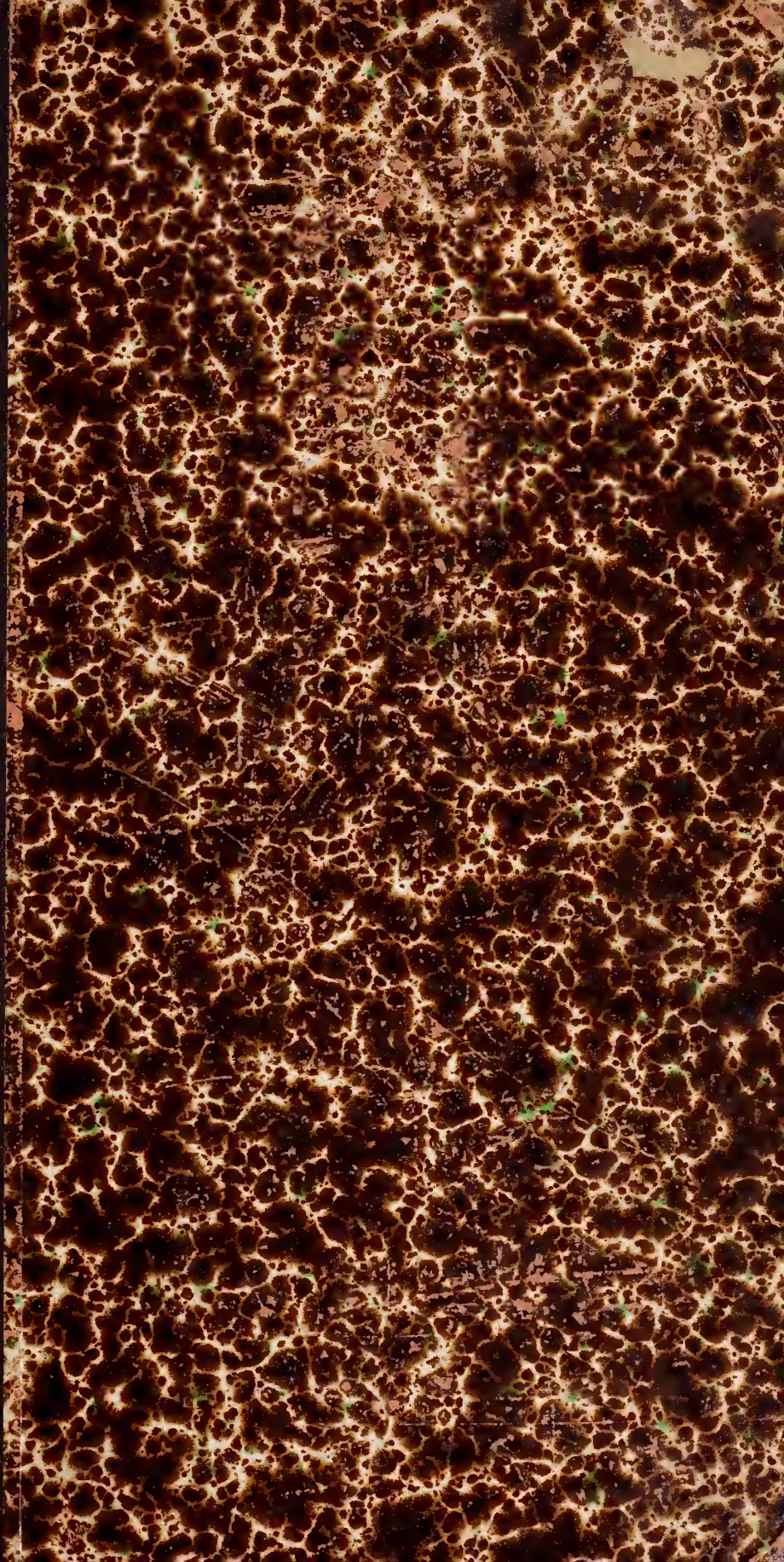

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THE WEST VIRGINIA

MEDICAL JOURNAL

Published by
The West Virginia State Medical Association.

Vol. I | August, 1906 | No. 1

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The West Virginia Medical Journal

Published Bi-monthly
by
The State Medical Association.

Under the Direction
of the
Committee on Publication.

COMMITTEE ON PUBLICATION:
S. L. JEPSON, M.D., Ch'n, Wheeling.
L. D. WILSON, M.D., Wheeling. J. L. DICKEY, M.D., Wheeling.

VOL. I.—NO. I. WHEELING, W. VA., AUGUST, 1906. Subscription Price $1.00 per Year. Single Copies 20 Cents

Original Articles.

PRESIDENT'S ADDRESS.

S. S. Wade, M.D., Morgantown.

Delivered at Webster Springs, June 20, 1906.

Members of the West Virginia State Medical Association:

It becomes me to express to you my sincerest thanks for your kindness in electing me to the office of President of our body. Of course I consider this a great honor, and am very sorry not to have been able to accomplish more during the past year, but my intentions were good, my efforts were my best, so I plead not responsible for my failures, which were many.

And now, members of the Association, ladies and gentlemen, I wish to speak to you for a few moments this evening on "The Standard of Medical Education as Advanced by Organization." The question of higher education as a requirement for the practice of medicine has always been of great interest to the profession and of great importance to the laity. For ages past the Christian physician has been looked upon as possessed of superior intelligence, and has been given positions of honor and trust in his community and has proven himself worthy of it all.

Very early in the history of our profession we find efforts to lay down a systematic course on which the physician was supposed to prepare himself. The ideal education of those early days was necessarily very elementary as we now see it. But each generation has advanced that ideal somewhat so as to keep it still unreached, and at the same time not unreachable, for in any avocation that class of men which has already attained to its ideal has outlived its usefulness, because with nothing more to go forward to, they must go backward. And on the other hand, that class of men which has a very distant ideal is likely to become impracticable because of the hopelessness of ever attaining to anything near their ideal. But every age has its representatives of both of these classes and hence, we find these two extremes promulgated even to this day. The one by our wealthy members, with everything in the way of money at their disposal, and therefore the need of finishing a course and getting into active and immediately remunerative work is with them a secondary consideration. The other by our members, vastly in the majority, who are less favored in point of wealth, and with whom the time element is the main consideration. Such were the prevailing conditions sixty years ago when the American Medical Association came into existence with a membership of less than five hundred representing twenty-one States, it set about at one of its first meetings with one of its ablest committees to advance the educational requirements for the practice of medicine. But with a number of our States outside of the Association, and with no restrictions as to practice on their statutes, the recommendations of the Association Committees were scarcely felt beyond the borders of a few of the eastern States. It is true that there were medical colleges of high grade requirements ready to adopt such recommendations, but there were, also, medical colleges of easier requirements bid-

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ding for patronage on the grounds of conferring the same degree in shorter time and for less money consideration. A purely commercial argument but a very taking one. Some of the States endeavored to protect themselves by enacting laws requiring examination by their boards of all applicants to practice not holding degrees from medical colleges within their borders. Other States recognized the degree from certain medical schools only and issued certificates. While still others, our own included, were a home for all wayfarers.

In 1867, when our State was less than four years old, the West Virginia State Medical Society was instituted for the perfecting of the plan of the American Medcal Association within our borders; and from that Society almost unaided have come whatever we have today of medical laws on our statutes, and of advanced educational higher morals and purer ethical requirements of our physicians. A number of the medical colleges effected an organization with the view of aiding in working out the plan suggested by the American Medical Association, but like our States, they were not all in the organization and hence the hindrances were only removed in part, and in fact, even seemed to grow from a numerical standpoint, because from ninety medical colleges in the United States in 1880 the number had grown to one hundred and fifty-four in 1903.

A part of these—sixty-eight—are members of the Association of American Medical Colleges. A part—thirteen—are members of the Southern Medical College Association. A part—forty or more—are not members of any Association; because they refuse to make the usual requirements in education of those seeking admission. And a small number, Harvard and Johns Hopkins among them, decline to join any Association because they believe that all the old standards are too low as to entrance requirements and as to requirements for the degree, and have raised their standard of entrance to a college degree and have made their full medical course five years. If we will take the trouble to examine into the real course as shown in the circulars of various medical institutions, the number of years in the course, number of weeks in each year of actual work, number of hours given to each branch, and the number of branches taught, and examined on, we can not but be astonished at the great variability; for example, take the following report from the circulars of forty representative schools on the subjects named:

Anatomy varies from 200 hours to 1,248 hours; physiology from 96 hours to 450 hours; chemistry from 176 hours to 652 hours; histology and embryology from 70 hours to 450 hours; bacteriology from 45 hours to 364 hours; pathology from 54 hours to 512 hours, and so on. If we take the practical subjects of general surgery—medicine and obstetrics—the following absurd conditions are found to exist: Surgery varies from 64 hours to 1,168 hours; medicine from 140 hours to 1,232 hours, and obstetrics from 67 hours to 320 hours.

Against all this difference in the actual amount of instruction received by medical students at the schools and also, against an equally wide difference in the degree of education required to enter the school, the American Medical Assocation has contended without much encouraging result save the increasing of the college term in years, even down to 1904, when a committee of eminent and experienced men called the Council of Medical Education, was appointed with instructions to take up this question with the Association of Medical Colleges, Colleges of Liberal Arts, representatives of the Army and Navy, State and examining boards and with public educators, and to report in 1905.

Here is the Council's report, which was referred to a special reference committee and later adopted by the House of Delegates at the Portland meeting last year.

"The minimum standard requirements now recommended prerequisite to the practice of medicine consist of five cardinal points, as follows:

1. Preliminary requirements to be a high school education or its equivalent, such as would admit the student to one of our recognized universities.

2. Preliminary requirements to be passed upon by a State official, such as the Superintendent of Public Instruction, and not by an official of the medical college.

3. A medical training in a medical college, having four years of not less than 30 weeks each year of 30 hours per week of actual work.

4. Graduation from an approved medical college required to entitle the candidate to

an examination before a State Examining Board.

5. The passing of a satisfactory examination before a State Examining Board."

With the carrying out of these requirements for entrance and for the degree, which will take, perhaps, five years, let us see how a West Virginian, looking forward to medicine can be provided for with a reasonable amount of money at his disposal and within a reasonable time. Our common schools are growing in excellence every year and are within reach of all for a term of from four to six months within each year. After completing this course, say at sixteen years of age, the High school course can be had in most of our counties, or a course at one of our normal schools, or at one of the preparatory schools, all of which have free tuitions, leaving the medical course of four years, with tuition and living expenses to be paid. But our State University at Morgantown, is prepared to do more by the following two plans: First, by an arrangement with the College of Physicians and Surgeons of Baltimore for our men, and by a like arrangement with the Woman's Medical College, also of Baltimore, for our women, both of which are standard four year schools, the first two years of the medical course as prescribed by these schools can be taken in Morgantown with the advantage of free tuition, a saving to the student of at least $300.00, and the remaining two years taken in Baltimore completes the course and entitles to the degree.

Second, if a student desires a college degree in addition to the degree in medicine, each of which is a four years' course, he can enter the combined Literary and Medical course and by diligence can in four years take the college degree, plus the first two years of medical work, entering the Baltimore School with A. B. and after two years, receiving his M. D. This combined course is growing in popularity and is the outcome of the general feeling that with the average life one cannot afford to continue his college work beyond the age of twenty-five, whereas the separate courses would require two years longer, twenty-seven years. The necessities of organization in our State and in our country are so urgent, the benefits so great and manifest, that it is hardly necessary to do more than refer to some of them. Our profession, through its committees on legislation deserves great things; we may be asking for much, but we certainly are receiving little at the hands of those in authority.

Organization will stimulate our lawmakers, if looked after before elections, out of the usual laxness, into an activity of willingness and anxiousness to do for the welfare of their constituents as to health of body as well as to condition of purse. Our water supply should be looked after as our food supply in the way of meats is now being looked after. Rivers are the usual water supply for city and town and are only sewers now-a-days. Each state could be furnished with a well equipped laboratory, subject to national supervision. Oganization of our profession will make this possibility a probability. The National Federation of Examining and Licensing Boards will be enabled to establish reciprocity between the states so that a physician of any state will be recognized as a legal practitioner in any other state.

The Universal Signal System for Diseases, universally considered contagious and so ably championed by our Dr. Barber, will be duly adopted. Any contagious disease can be prevented by strict quarantine, and if, as Dr. Barber said, whooping cough is the cause of death of large numbers of children, then let us place it among the diseases requiring strict quarantine and let us support health officers in enforcing the strict observance of such quarantine. Wait on the people to learn? We have waited, and now let them observe reasonable laws while they learn and so save epidemics and deaths in their midst. So long as we have a "doubting Thomas" among us, no quarantine orders will be cheerfully obeyed. Let us stand together. Have we illegal practitioners among us? If so, let our State Board and our County Board go hand in hand before the Court of Justice and aid in enforcing the law and so protect our profession in that community.

Investigation into the affairs of Life Insurance Companies has exposed great waste of funds, and who has been benefited it is difficult to say, but the medical profession has been greatly harmed by heavy reduction in examiner's fees. Organization will correct such uncalled for and unnecessary imposition from these rich corporations, if it be such.

Let us urge more strongly upon our State Examining Board the need of furnishing to

this Association as early as possible, a list of newly licensed practitioners, so we may be able to interest them from the very first in lines of organizing work. Let us see to it that our Councilors, by far the most important officers of our Association, comply with the constitutional requirements of them; namely, to visit each County in their District at least once a year.

And finally, let us lend our every effort to the completing of our organization scheme, and so bespeak for the coming year a success compared with which the past year is only a beginning.

THE COUNTY SOCIETY.

William W. Golden, M.D., Elkins.

Read at the Annual Meeting, Webster Springs, June 21, 1906.

I quote the following from the constitution generally adopted by County Societies: "The purpose of this society shall be to bring into one organization the physicians of this county, so that by frequent meetings and full and frank interchange of views they may secure such intelligent unity and harmony in every phase of their labor as will always elevate and make effective the opinions of the profession in all scientific, legislative, public health, material and social affairs, to the end that the profession may receive that respect and support within its own ranks and from the community to which its honorable history and great achievements entitle it."

The words intelligent unity and harmony appeal to me particularly. While good fraternal relations among physicians based upon the pure sentiment should be fostered, it would seem that in the present day of materialism a more practical basis is necessary. If I am wrong in this assumption, then pray tell me why the time-honored institutions for the diffusion of peace and love among men, such as the church and the secret society, have failed to free the profession of the disgraceful antagonism so common among its members as to have become proverbial? If the profession is ever to become united and harmonious, it will be on the basis of intelligence. Intelligence will teach every physician that it is to his interest, his material interest, to dwell in harmony with his fellow-physicians. There is not another calling the followers of which are so dependent upon one another for the success they are striving to attain. I am not referring at present to the need of consultation in the more difficult cases entrusted to our care. The somewhat established custom of calling in a consultant from a distance comes to the rescue of the troubled practitioner in such cases. True, neither the attending physician nor his patient always receives all the needed benefit from such consultations. The physician is usually robbed of the benefit of further conferences with his consultant. The railroad time table and the patient's financial ability set a limit to this. And as new phases in the course of the disease may turn up which could not have been possibly forseen by the most expert consultant, and as the measures suggested no longer meet the new indications, the attending physician under such circumstances often becomes an object of pity indeed. To this class of experiences, however, I am not referring now. Our life is short and our art long and full of puzzles. There is hardly a day in which we do not need the comforting association of our fellow physician. Is it not a fact that it is rather the exception than the rule that we make a correct diagnosis at our first visit? Be frank about it. And in view of this is it not a fact, that the interval between our first and second visit is often just so many hours of severe mental strain? In the earlier days of our professional career our lack of experience is keeping us in almost constant dread about our diagnosis, lest the further developments in the case may prove the neurosis to be a form of uraemia, the appendicitis a mass of lumbricoides; but our advancing experience only plunges us into greater difficulties. Our diagnosis of cerebral tumor with advice of an operation may turn out to be uraemia, and our appendicitis with a promise of cure by an operation may show up to be an inoperable carcinoma of the caecum. With the advance in age and experience our services are sought in more difficult cases, and thus our troubles never cease. What a comfort then to be in a position to talk matters over with our brother practitioner at the office, without the formal consultation at the bedside. What a comfort to exchange views and experiences and feel that our doubts will not be betrayed; and what a comfort to feel that should the circumstances make a bedside

consultation desirable, we can call in one who feels with us in our difficulty.

This is not all. Under the present state of affairs, where effective county societies do not exist, much of our worries in connection with our cases come from the fear of unfriendly criticism of our diagnosis and treatment by the other physicians in the community. With an intelligent unity and harmony prevailing, we can get the much needed sleep at night without being disturbed by the nightmare of possibly finding the atmosphere of our patient's home chilled with a cross diagnosis at our next morning's visit. Reflections of this sort bring intelligence, and harmony based upon such intelligence is apt to be lasting.

As the proverbial bitterness and antagonism are historically rooted in the profession, and the older institutions for the betterment of mankind have failed to remedy them, we must look to the modern medical society as the institution of last resort. Fortunately it has been tried and found equal to this mission. Men whose years of estrangement promised to become life-long, after a few meetings on the broad and neutral ground of the modern medical society have learned to respect one another, and with respect come confidence and mutual help. I can point to scores of instances in which, were it not for their presence at some of the meetings of their county society, men of the highest standing in the same community and of a truly lovable character, would have gone down to their graves with a belief that there could never be between them anything but enmity and hatred. So powerful is the county medical society in this direction, and so clearly is this power becoming evident, that I know of physicians who are actually hesitating to join the county society for fear that it may lead to a better feeling between them and certain members against whom they have vowed eternal enmity.

The modern county society also gives the lie to the belief among some physicians, that were they to fraternize with other physicians in the same community their practice would suffer. They seem to labor under the delusion that their practice is more or less dependent upon their artful criticisms of their fellow practitioners, and derive their inspiration from the apparent expectation on the part of the public that they do so. Our various component societies, I presume, lay no claim to have reached the millenium. Yet with what they have accomplished in bringing about a better understanding, intelligence, I might say, and good feeling among its members, is there a member of them here present who could conscientiously say he has suffered thereby? Intelligent co-operation can not be a failure, and the modern trend towards mutualization in great enterprises is in harmony with the very essence of nature in her process of evolution.

Modern county societies are destined to explode many of the fallacious ideas which have in the past misguided our predecessors and ourselves in our relations towards one another. They will also remove many of the incidental causes which have helped and are still helping to maintain these bad relations. With a state of affairs such as has been existing in the profession for generations it would have been unnatural if some shrewd worshippers of mammon had not taken advantage of it, and finding it to their advantage, real or imaginary, to do their utmost to maintain it. The less intelligent classes of the public have certainly done much in this direction. The short-sighted view that the quarrels of the doctors carry with them to the public the advantage of competition is responsible for this. May the God of Intelligence have mercy upon these people, and hasten the day of the thorough organization of the profession, when they will be sure to know better from experience. The main incidental cause that I wish to speak of, however, is within the profession. I refer to some physicians who are aspiring to consultation practice. Repulsed by the drudgery and hardships of ordinary practice, and yet not willing to embark in more congenial and remunerative pursuits outside of the profession, they undertake to create a consultation practice. Among them are some of ability, but also many who have evidently mistaken aspiration for inspiration. The natural gradual evolution of the true consultant is a process too slow for them, and they proceed to hasten it with autogenetic rapidity. Their art is based upon their knowledge of the relations among physicians. They know that the actual need of a consultant from outside of the community is not frequent. They know that the several physicians in the community, if working with intelligent unity and harmony, are well able to take care, and successfully, of the vast majority of their cases without assistance from outside. The

lack of such intelligent unity and harmony is their stock in trade, and they manage to maintain it and often to increase it. It is somewhat disheartening to admit that among these men there are some who manage to keep themselves in good, nay even in superior standing in the profession. In a recent advertisement for a position as a canvasser among physicians, the advertiser boasted of understanding the technique of medical ethics. There evidently can be art in virtue as there can be method in madness. It is the study and application of this fin-de-siecle art that evidently enable these men to appear ethically immaculate while their hands are red with the guilt of setting up brother against brother. All honor to the true consultant. It is of him that Maimonides spoke in his prayer when he said: "If physicians more learned than I wish to guide and counsel me, inspire me with confidence in obedience toward the recognition of them, for the study of the science is great. It is not given to one alone to see what others see, for knowledge is immense, and the spirit of man can also extend indefinitely, to daily enrich itself with new acquirements. To-day he can discover his errors of yesterday, and tomorrow he may obtain new light on what he thinks himself sure of to-day."

County societies, by their cultivation of intelligent unity and harmony, can simplify many of our complicated duties and make many of our ideals easy of attainment. Perhaps the highest ideal of the profession is the prevention of communicable diseases, and inasmuch as this is of direct benefit to the public, there should be no real difficulty to attain it. Much of the difficulty encountered no doubt lies in the ignorance of our legislators of the modern understanding of the causation and prevention of these diseases. The laws of sanitation are insufficient, and such of them as we have are inefficient. But you and I know that the best laws on this subject will accomplish little without the co-operation of a united profession. A representative county society should have no difficulty in having carried into effect such laws on sanitation as we have, and to add or substitute others when deemed necessary. By doing this the profession will certainly receive the respect and support to which its honorable history and achievements entitle it.

Having succeeded in organizing a county medical society, it is no small task to maintain it and keep it active. For some years to come the law of atavism will continue to operate and maintain a tendency on the part of some of the members to relapse and return to the past state of chaotic professional relationship. It is the plain duty of every member to guard against this. Activity and resourcefulness on the part of the officers will go a long way towards the successful existence of the society, but without the co-operation of its individual members it is a Sisyphean task. In a letter received the other day from a member of a county society elsewhere in the state the writer severely criticises certain actions of that society and declares his intention to withdraw from membership. In the same letter he incidentally mentions the fact that he has never attended a meeting of that society. A few days ago while on my way to a meeting of another county society, a member of it who joined me on the way bemoaned the fact that the attendance at the meetings is small, and gave this as his reason for not having attended them more than once. Gentlemen, the county society can and should be what you want it to be. Do not stay away from the meetings chronically and then condemn the society for this or that action. Your vote is as important as that of any other member, and you can widen your sphere of influence among the members by an exhibition of genuine interest in the society and its doings.

County societies should realize the important relation they bear to the state and national organizations.. Inasmuch as membership in the American Medical Association is refused to those not members of the State Association, inasmuch as the county society is the only portal through which membership in the State Association can be gained, and inasmuch as all matters of importance at the meetings of the State Association are entirely in the hands of the House of Delegates, which is largely made up of those sent to the meetings by the county societies, you can readily see what a great responsibility is resting upon the county societies. To quote from the report of the Committee on Reorganization of the A. M. A.:

"It is through the local society that the individual must be reached, and that the individual effort of the profession for political purposes must be made. It is through the county society that the individual must register his views in regard to questions and

measures which affect him. The local society produces harmony, promotes good fellowship, removes petty jealousies, has an elevating influence on its members, and aids them in educational and scientific advancement.

On the success of the county organization depends all above it; it is the foundation of the whole superstructure. The old motto, "Take care of the pence and the pounds will take care of themselves," is true if paraphrased into: "Take care of the county organizations and the state and national bodies will take care of themselves." Hence, everything that will tend to build up these local societies should be encouraged."

The encouragement to build up local societies should be a part of the duty of the county societies already organized. The members of a county society ever so prosperous can not receive the full benefits of medical organization unless it be a part of a strong State Association. There are numerous matters of vast importance to each of us which can not be worked out without the united effort of a system of county societies welded together by an intelligent unity and harmony into one active State Association. I need only refer by way of illustration to the need of reciprocal relations between states in the recognition of medical licenses. Those of us who are fortunate enough to belong to an active county society, are in a good position to do missionary work in medical organization Enjoying the benefits of such organization ourselves we can speak from experience and advise others to follow. In the course of our professional, social and political activities we frequently meet physicians to whom medical organization is a mere sound. Let us not pass an opportunity for a word in favor of medical organization.

This, in brief, gentlemen, is my understanding of the words "intelligent unity and harmony" as embodied in our constitutions, to which we have all subscribed.

It is not well to lose sight of the great fundamental fact that faith in one another is the necessary basis of national life and of prosperous and happy professional business relations. Without mutual faith, there would be constant bickering. Strive to deserve your brother's confidence.

MASSAGE IN SOME SURGICAL AFFECTIONS.

C. A. Wingerter, M.D., Wheeling, W.Va.

It is the proud boast of the regular profession that it works in no constricted field, that it travels in no straightened path, that it looks everywhere for what may serve its supreme and soul-upholding aim—the healing of the physical man. Treasures are often found in untoward places, however, and are often overlooked. It has been so with massage. We have been blind to the possibilities of this procedure, as we have been to the worth of other therapeutic measures, until the irregular and the pretender have taken them up and produced results that confounded us. It is high time for the regular profession to cultivate this therapeutic art. It will be to our dishonor as physicians if we fail to avail ourselves of the scientific exactness to which massage as a therapeutic measure has been brought in these latter years.

It is not my purpose to give the history of massage; nor to describe the technique; nor to disport myself in its technicology; nor to review what its ablest cultivators have to say regarding the physiology of its therapeutic action; neither is it to record what they claim for it in the field of medical ailments; in rheumatism and neuritis; in diabetes; in chronic diarrhoea, and in chronic constipation; in indigestion; in migraine; in chronic typhilitis and perityphlitis; in myxoedema; in intermittent fever and typhoid; and in anemia.

I have chosen to call your attention to massage in surgical affections; and even here the field is too great for a full review. Massage to-day is claiming a place in the treatment of intestinal obstruction, of nerve injury, or lateral curvature, of pleuritic effusion, of chronic ulcers, and of certain diseases of the eye, ear and nose. All these aspects of the question I pass by, and have chosen to say a few words about its use and what is claimed for it in fractures, and some affections of the joints of the body. There have appeared several classic works on massage, with which I hope we may all become better acquainted — the works of Reibmayr in German; of Douglas Graham; of Symonds Eccles, in English. For what I shall suggest about fractures I am in-

debted to the writings of Lucas Championniere, a Frenchman.

Massage is generally recommended as a local measure in chronic inflammation, because rubbing, friction and massage, when efficiently carried out, have a great effect upon the circulation. The lymphatic spaces are emptied, the effete matter passed out, the flow of plasma through the tissues quickened and the nutrition greatly improved.

According to Moullin, we have no better treatment for sprains and contusions than massage. Under this heading are included almost all injuries of joints that are not attended by permanent displacement of the articular surfaces. There may be merely a slight effusion into the capsule of a joint with a little stretching of some of the fibres; or the synovial sac may be filled with blood, the ligaments torn or wrenched off the bone, the muscles lacerated, the tendons displaced from their grooves and the tissues torn and crushed as severely as if it were a dislocation. In many cases the sole difference between a sprain and a dislocation is that, in the one, the bones which are wrenched asunder at the time of the accident, resume their normal relation as soon as the force is spent; in the other they either remain fixed where they are or slip a little further aside. When in injuries of this character the damage is slight, the tissues being stretched rather than torn, by massage, and bandaging in the intervals, two or three days are quite sufficient to repair the damage. It is understood, of course, that the massage is carefully and thoroughly carried out. The limb must be raised, the muscles relaxed, and constricting garments removed. At first the movement must be exceedingly light, and directed so as to diminish the sensitiveness of the skin, commencing above the injured joint, where the swelling has not yet shown itself, and working gradually nearer to it. The direction must be always towards the trunk; the thumb or the tips of the fingers, or the palm of the hand may be used, according to the shape of the surface, and the tender spots reserved for the last. In a few minutes there is perceptible a decrease in the swelling; circulation improves; absorption becomes more rapid, and the tenderness of the part becomes less. The spaces filled with extravasated blood now demand attention. The superficial structures soon become accustomed to the pressure, which is gradually made firmer and firmer. This procedure is kept up until the effusion has almost gone, and until the patient will no longer resist slight passive movements that do not exert traction on the injured ligaments. The joint is then firmly compressed with cotton covered by a flannel bandage.

In some severe injuries, where marked tenderness over certain spots gives evidence of torn ligaments, a longer time than two or three days is needed for repair, but massage must not be neglected. Heat and cold, the classical temporary remedies, are good enough to check the effusion, by constricting the small vessels, but they do not assist absorption. For this we must look to massage and compression, both properly applied.

In this busy age of ours and in the land of hurry and impatience, any treatment of injuries that promises rapid recovery should appeal to us successfully. Those who are best qualified to speak of the merits of massage claim that in the matter of sprains, it not only promises but fulfills the promise. Eccles says that seven days has been the longest time during which pain, stiffness and weakness have remained in his cases, while in some instances recovery of painless function has been attained on the second day after the accident. Douglas Graham in the *New York Medical Record,* gave the average length of time for recovery in the treatment by massage of 308 cases of sprains and joint injuries, apparently of all degrees of severity, as nine days. In 55 cases treated by the ordinary method the average time exceeded twenty-six days.

Intra-articular and peri-articular effusions and exudations rapidly disappear under massage. The classical experiment of Von Mosengal of Bonn demonstrated conclusively its value in promoting absorption from the interior of joints. It was he, you remember, who injected into various joints of rabbits a concentrated solution of India ink. Some of these joints he masseed while others he did not, for the sake of comparison. The swelling that arose from the injection disappeared rapidly under massage, but remained stationary for some time in those joints not subjected to this treatment. After killing the animals, he examined the joints. No ink was found in the cavities of those joints which had been manipulated; whereas in those that had not

been so treated the ink still remained mixed with the synovia, and had not even penetrated into the tissue of the synovial membrane. Even when the examination was made soon after the injection and the use of massage, scarcely any ink was found in the joint; part of it was upon the synovial membrane, and upon microscopic examination it was seen that the greatest part had been forced into and through the synovial membrane, and even with the unaided eye the blackened lymphatic vesels could be seen from the injected joint to the lymphatic glands, and the latter were black from the absorption of the ink.

It will be suggested to you all here that where suppuration has occurred in joint inflammations, massage would tend to drive infective material through the lymph bodies if used too soon.

By massage and passive motion, intra-articular and peri-articular effusions and exudations rapidly disappear; pain is thus relieved by decreasing the pressure upon the sensory nerve-endings, circulation through the muscles and tissues of the joint is accelerated while the stagnation in the lymph spaces is overcome. In cases of synovitis, especially when inflammation has been severe, the formation of firm adhesions is prevented.

In dislocation the employment of massage as an after-treatment promotes the earlier and more vigorous activity of the muscles frequently injured at the time of the accident, and always flabby and lax after the long disuse entailed thereby.

The treatment of fractures by means of massage and mobilisation is a subject full of intense interest. This is perhaps due to the fact of the startling shock it gives to all the preconceived notions we have derived from the surgical teachings of centuries. It is a new idea, and new ideas are too often unwelcome. Man is a creature of habit. Body and mind are conservative. Both give an unwilling hand to the innovator who would lead them into new paths. We should beware that conservatism does not enchain us. In the science of medicine we should cultivate skepticism, by which is meant the new idea rushing into the arena, throwing down the gauntlet, challenging the old. Scientific skepticism is the power that starts the wheels of progress. Let us not then be unwilling to give a hearing to those who claim better results by massage and movement in fracture than from the old-fashioned treatment of mobilisation. Let us turn the leaves of Nature's book, lest we may have overlooked some precious lesson, remembering that "the laws of Nature are the thoughts of God."

Dr. John Chiene, Professor of Surgery at the University of Edinburgh, calls attention to the fact that no fractures heal more kindly and quickly than broken ribs, in which it may be truly said that during the whole process of cure, the act of breathing is keeping up a constant gentle movement, a nature's massage, which in no way interferes with the union of broken bone, but rather helps it. In fact, complete immobilisation of fractures is too often accompanied with great dangers to the future function of the articulations, namely, stiffness of the joints and atrophy of the muscles. No matter how straight the repaired bones may be, or how slightly apparent the callus, if stiffness of the joints and muscles be present, thus causing marked functional disturbances, we cannot truly say that we have achieved an ideal result. The advantages of massage are that it promotes absorption of effused products, prevents stiffness of the joints and atrophy of the muscles and favors repair. These advantages of massage, and the dangers of immobilisation, are especially marked in intra- and peri-articular fractures, as is proven by the experience of the French surgeons, Championniere, Tripier and Rafin, later confirmed by Prof. Landerer of Leipsic, Dr. Kendal Franks of Dublin, and others.

Championniere in the treatment of fractures by massage divides them into four classes:

1. The class where he uses immediate massage. This is the most perfect way of applying the method, and is used where the chances of secondary displacement are slight, generally in fractured joints. The fractures most suited for this treatment are at lower end of the radius and fibula, partial fracture of the elbow, head of humerus, and certain fractures of the femoral condyles, and the supra-malleolar fractures without tendency to displacement. Here no immobilisation is used. It is only the tendency to displacement which should stop all immediate movements.

2. In the same fractures when the tendency to displacement is marked, it is best to massage the limb before placing it in an

an apparatus; this applies especially to fractures of the wrist where there is a great mobility and to supra-malleolar fractures.

3. A certain class of fractures where there is great mobility without much tendency to displacement, such as arm, forearm and leg. Here splints are applied, and removed in two or three days, and the parts masseed; then a daily massage is made, followed by the replacement of the splint.

4. Those cases of fracture where absolute immobility is required for some period of time. In these cases the motion of the fragments is very great but rapid mobilisation is a necessity. Here he secures absolute immobility of the part for some days, and as soon as the callus is sufficient, the apparatus is removed and massage applied. To this class of cases belong especially fractures of the upper and lower parts of the humerus.

There are three forms of movements in the massage of a fracture:—

a. Movements of exploration; movements belonging properly to massage; movements made in the surrounding and even in the affected joints.

1. Movements of exploration. As soon as a fracture is diagnosed, it is necessary to find out which motions can be gone through by the limb without causing any pain, and of what amount of motion the neighboring articulations are capable without causing pain, and what regions can be pressed or rubbed. During this exploration the limb must be immobilized and the point of the fracture held by the hand. The limb during this investigation may be placed on a sandbag. It is needless to say that what Championniere calls the barbarous practice of looking for crepitation must be condemned. We are thankful for crepitus when it comes of its own volition to enlighten us; we go to seek it voluntarily *never*.

2. Massage proper. The seat of fracture having been ascertained, (and this is a capital point, for it must not be subjected to direct pressure), the limb having been fixed and the point of fracture immobilised, the massage is begun. Pressure is made with the hand, and is perpendicular to the axis of the limb. With this pressure is combined a sliding of the hand along the limb. This sliding must always be in the direction of the axis of the limb, and following the direction of the venous return. The pressure and gliding must always be in one direction, never up and then down.

Beside these two movements, a third is often used. It consists of circular pressure, a sort of grinding rotary movement exercised with the palm of the hand. This is to be used whenever there is much tumefaction, and any localized exudation.

The part of the hand most used in massage of fractures is the thumb; after that, when force is required, the palm. Petrissage, or kneading of the muscles must not be done as it is too rough and painful. Massage must not cause pain, but relieve it. The movements must be progressive; the first must be extremely gentle. The length of the seance is at least fifteen minutes. The skin of the operator and of the patient should be extremely soft and supple, to effect which condition perfectly pure oil or glycerine may be used, although Reibmayr is against such use.

3. Movements to be made by the fractured limb, and by the neighboring parts.

When the seance of massage proper is ended, all the small joints of the neighborhood must be worked, as well as the large articulations. These motions should cause no pain nor displacement of the fragments.

The movements are two-fold, active and passive, but should not be too extensive. The massage should not be practiced oftener than once in twenty-four hours, and after the first week, application every second or third day will suffice. The first seance of massage should take place as soon as possible after the fracture has occurred. When there is no tendency to displacement, no splint, but a simple flannel bandage is sufficient dressing after the massage.

In fine, the first result of massage in treatment of fracture is to cause disappearance of the pain; then, by favoring absorption, it causes the tension due to extravasation to disappear. Moreover, the blood-clots, which act as irritations, are displaced, broken up and more easily absorbed. The swelling disappears with great rapidity. The slight muscular ruptures heal readily. The only contradiction lies in the great mobility of the fragments. If they can be temporarily immobilised massage should be done; but if their immobility renders a permanent deformity liable massage should be abandoned.

In conclusion, let us resolve to add massage to our therapeutic armamentarium. If it tends to increase our usefulness to man-

Samuel Johnson said many true things in his pompous but fine old way, and this is not the least of them: "There is nothing, sir, too little for so little a creature as man. It is by studying little things that we attain the great art of having as little misery and as much happiness as possible."

THE SOURCES OF INFECTIOUS AGENTS AND THE WAYS AND MEANS OF INFECTION.

Ludvig Hektoen, M. D., Chicago.

Prevention of infectious diseases rests on knowledge of their mode of spreading and the more accurate and complete this knowledge the more effective becomes the prevention. At the present time the common, all-important source of the microbes that cause the human infectious diseases is the sick man or animal from which the microbe may pass to susceptible individuals and start new infections. This transfer of the infectious microbe may be direct or indirect. Indirect transfer may take place through the air, water, milk and other substances; through even healthy human beings, and through animals, particularly various insects. Only a few pathogenic germs lead a regular saprophytic existence. The bacillus of tetanus, of botulismus and of emphysematous gangrene (the gas bacillus of Welch) are inhabitants of the intestinal contents of the larger animals and man, and occur in many soils upon which manure is deposited. The tetanus bacillus, however, has hardly any invasive powers, its action being essentially toxic. The gas bacillus and other anaerobic bacteria with pathogenic powers are also essentially saprophytic in their habits and perpetuate themselves without difficulty outside the body.

Aerial Infection.—When infectious micro-organisms reach the external world in the secretions and discharges from the sick, they may be deposited on the ground or floor, on clothing, and on articles of various kinds. So long as drying is not complete, bacteria are not detached by ordinary air currents and direct contact is now practically the only way in which disease may be communicated. In the home, the school room, public conveyances, etc., there is good opportunity for communication of disease in this manner. There is abundant evidence that the acute exanthematous diseases, wound infections, diphtheria, typhoid fever and other diseases may be carried by infected clothing and other articles. In most of these cases it concerns the conservation of microbes in virulent forms, rather than actual multiplication; cholera and typhoid bacilli may multiply, perhaps, in fecal masses deposited on clothing.

Until a few years ago aerial infection was regarded universally as infection by dust, carrying dried bacteria. Cornet called our notice to the dangers of dried tuberculosis sputum. The idea that inhalation of dried sputum is the essential means of transmitting tuberculosis has a strong hold. In 1897, Flugge, in Breslau, began a series of investigations of the air as the carrier of infection, the results of which have shown that air may convey bacteria not only when dry, as dust, but also in fine bubbles or droplets of sputum or moisture. Of these two forms the second is probably the more important in spreading disease in general.

Dust Infection.—True dust infection requires that the organism in question withstands drying in the air to the extent that it can be whirled about and carried for some distance by the air currents in our houses and other places. Dry bacteria of this kind constitute the real danger in dust infection as now understood. Of course, very strong currents, mechanical disturbances of accumulated matter, "dry dusting," violent shaking and rubbing of handkerchiefs and other contaminated articles may set in motion for a time larger portions containing infectious materials, but these would rapidly settle down, when, it is true, they may cause infection from direct contact, whereas it has been shown that smaller particles of completely dried material may remain suspended for three or four hours. Herein lies one of the chief elements of danger of this mode of infection.

Pathogenic bacteria have been divided with reference to their power to communicate disease when dry as follows (Gotschlich): 1. Bacteria that are not viable in air-dried dust and which consequently can not disseminate disease in dust; cholera vibrio, gonococcus, pest and influenza bacillus. The recent work of Wood indicates that the pneumococcus belongs in this group. 2. Bacteria that withstand drying and may convey disease when carried by such air

currents as occur in ordinary houses (1 to 4 mm. per second); meningococcus, pyogenic cocci, bacillus pyocyaneus, tubercle bacillus, tetanus bacillus and anthrax spores. 3. Bacteria that withstand drying, but are disseminated only by such strong currents as rarely occur in houses; diphtheria bacillus, typhoid bacillus. It must be added that material carrying smallpox may be disseminated in the air. English observers lay great stress on the "aerial convection" of smallpox. In the case of measles and scarlet fever the danger of aërial infection is confined to within a few feet from the patient.

Droplet Infection.—Flugge and his coworkers have demonstrated that, in talking, coughing or sneezing, numerous germ-laden bubbles of mucus and saliva pass out into the air, where they may float about for a time The distance to which the droplets, often quite invisble to the naked eye, may pass depends on the force with which they are expelled, on the nature of the air currents, as well as on the size of the droplets. It has been found that, after rinsing the mouth with a solution of *B. prodigiosus,* droplets containing bacilli may be carried as far as 12.4 meters (Koeniger). On account of the viscid character of their saliva, tuberculosis patients rarely throw out droplets farther than 1.5 meters and this is the limit within which association with coughing consumptives must be regarded as positively dangerous. Laschtschenko and Heyman have shown that tuberculous patients frequently expel in this way droplets laden with virulent bacilli that, on inhalation by guinea-pigs, cause fatal tuberculosis. In connection with droplet infection, it must be noted that relatively strong patients, who walk about, may be just as dangerous as the weak and bedridden, and even more so. On account of the viscid character of tuberculous sputum, the droplets on drying adhere firmly and it seems that mechanical influences are necessary in order to loosen particles from dry drops. Tubercle bacilli may remain alive for 18 days in drops that dry in the dark and for three days in the light.

Numerous pathogenic germs may be disseminated by droplets or bubbles of mucus and saliva, among them most of those that die on drying. It is likely that influenza, pneumonia, diphtheria, whooping cough, measles, scarlet fever and smallpox may be communicated in this way, and perhaps also epidemic meningitis. Mendez de Leon and Alice Hamilton have both shown recently that streptococci are expelled to various distances in talking, coughing and even in rapid breathing, and undoubtedly operative infections of somewhat obscure origin may be caused in this way. It is also probable that in hospital wards, especially virulent streptococci and pneumococci may be communicated through droplet infection. Schaeffer found that patients with leprous lesions in the mouth and respiratory tract may expel large numbers of lepra bacilli in droplets of mucus.

Aerial infection of whatever character, whether dust or droplet, is most dangerous by far in closed rooms, railway cars, shops. In the open air it is less dangerous because of the unlimited space and the action of sunshine. Cases have been reported, however, of typhoid fever which appeared to develop from dissemination of dust-carrying typhoid bacilli deposited on the ground in typhoid feces and urine.

Water-borne Infection.—Water plays an essential role in the dissemination of typhoid fever, cholera, bacillary and amœbic dysentery. It is only exceptionally, however, that the bacteria in question find such conditions in the water in which they are deposited with discharges from the sick that actual bacterial multiplication takes place. In India, the temperature and amount of vegetable and other materials in the waters of the Ganges enable the cholera spirilla to multiply. In most waters in temperate climates, the bacteria are able to maintain life only for a comparatively short time. It is said, largely as the result of laboratory experiments, that cholera germs will remain alive in water under "natural conditions" for three months and typhoid bacilli for four weeks. In the experiments of Jordan, Russell and Zeit, in which typhoid bacilli were exposed to canal and river waters in sacks permeable to dissolved substances, the bacilli perished, as a rule, within three to four days. Theoretically, it may be possible that resistant bacterial cells may withstand for a longer period the especially hostile influences of water. Frost, on reinvestigating the antagonism of bacteria to typhoid bacilli, found antagonistic bacteria to be distributed widely in nature, being present in various soils and waters.

The Soil and Infection.—According to Pettenkoffer's theory, the sub-soil played an

essential part in the dissemination of infectionus diseases, but this theory has been abandoned because it has been shown conclusively that pathogenic germs do not reach and can not live in the deeper layers of the soil which normally are sterile. Experimentally, it has been found that typhoid and cholera bacteria may retain their viability for some time when deposited in the superficial layers of the soil. Rullman found that typhoid bacilli implanted in sterile sand remained alive at the end of eighteen months when the material had dried completely. Levy and Kayser have shown that the contents of privy vaults containing typhoid bacilli may be dangerous even after the lapse of months. Anthrax bacilli may live for a long time in the ground where they pass into the spore forms which may infect susceptible animals. The superficial layers of manured soil also harbor pathogenic anaerobic organisms, of which the most important are the tetanus bacillus and the gas bacillus.

Food and Infection.—Various pathogenic bacteria may occur in foods. These bacteria may be derived from animals supplying meat and milk. Tubercle, anthrax, glanders, paratyphoid bacilli and streptococci are among the most important organisms that may enter the body in this way. Food, especially milk, originally quite pure, is frequently contaminated on its way from the dairy to the consumer. Diphtheria bacilli and the cause of scarlet fever may be disseminated as the result of direct contamination of milk. In other cases, the contamination is more indirect, as, for instance, from the use of infected water in cleansing utensils, etc., and in this way typhoid, cholera, and dysentery bacteria may be conveyed by milk. Milk is a peculiarly dangerous medium for conveyance of infection, because it furnishes conditions that are favorable for microbic multiplication. In recent cholera epidemics, especially in the Philippine Islands, the disease was spread through food to a larger extent than by contaminated water. Non-infective but toxicogenic saphrophytes may multiply in milk, dairy products, meat and fish, which, when consumed, cause severe, often fatal, forms of acute intoxication (food poisoning, bromatotoxismus). Recently paratyphoid bacilli have been found to play an important role in meat poisoning, and in some of these cases these symptoms are typhoid-like; other cases are more acute. Here it appears to concern the meat of cattle during life. From Malta it is reported that Malta fever is communicated by the milk of goats that have the disease.

Transmission of Infection by Animals.—Animals may cause human disease in three different ways. In the first place, animals, and especially domestic animals, may suffer from diseases that are directly or indirectly transferable to man, e. g., anthrax, tuberculosis, glanders, pest. In the second place, animals or insects, especially flies, may act as mechanical carriers of germs that are deposited by chance here and there in such a way that contact or food infection of human beings occurs. In the third place, insects, especially mosquitoes, act as intermediary hosts for pathogenic protozoa and organisms of as yet unknown nature, which here pass through development cycles, associated with great proliferation in the case of the malarial organisms, and acquire infectious powers, so that they cause disease when deposited again in the tissues of susceptible persons; this course of events is illustrated by malaria and yellow fever. The first discovery of an intermediary host, most likely of this kind, was made by Theobald Smith and Kilbourne, who showed that the parasite (*Pirosoma bigeminum*) of Texas fever in cattle was transmitted by a tick. Their work paved the way for the demonstration of the role that the mosquito for some time had been suspected of playing in malaria and also in yellow fever.

Occurrence of Pathogenic Bacteria on Healthy Human Beings and in the Internal Organs of Healthy Animals.—The skin and the mucous membranes which communicate with the external air, especially the oropharyngeal, nasal and intestinal, constantly harbor bacteria capable of causing disease under suitable conditions. The principal pathogenic bacteria present on the skin and mucous membranes of man are streptococci, staphylococci, pneumococci, diphtheria bacilli, colon and influenza bacilli and certain pathogenic anaerobes. Streptococci of undoubted pathogenic possibilities are present on the tonsils. Certain staphylococci always occur on the skin. Pneumococci occur in the saliva of a considerable percentage of healthy persons (see Sternberg, Frost and others) and also on the tonsils in conjunction with streptococci, according to Dr. Reudiger's recent studies, and with even greater

frequency. Diphtheria bacilli are found in the throats of normal persons, especially in connection with outbreaks of the disease in schools and asylums, and other institutions. Tubercle bacilli have been found on the nasal lining and skin of healthy persons. In outbreaks of typhoid fever, Asiatic cholera, and dysentery, when the bacilli of these diseases are disseminated freely, it is not unusual to find th specific germs in the intestinal contents of individuals that do not suffer from infection. In the recent epidemic of cerebrospinal meningitis in New York, meningococci were isolated from the nasal mucus of about 10 per cent. of the persons that came into close contact with the pastients. Frequently the meningococci were present in enormous numbers in such cases, while in numerous less exposed or not exposed individuals they were absent. Hence the evident necessity for early and careful isolation of patients with epidemic cerebrospinal meningitis. These instances illustrate the manner in which healthy persons may convey specific germs to those that are susceptible, i. e., present that complex of conditions necessary for the establishment of infections.—*Illinois Medical Journal.*

THE IDEALS OF THE MEDICAL PROFESSION.

P. Maxwell Foshay, M.D., Chicago.

(Last year Dr. Foshay delivered an address to a class of recent graduates. The advice given is so good and timely for old as well as young, that we are glad to lay it before our readers in our first issue. Let all read it carefully, even prayerfully, and thus it will be easier to practice its precepts. This paper, President Wade's address and Dr. Golden's essay go well together. After reading all, call a meeting of your professional friends and organize a county society. Our secretary will be glad to send you a model constitution.—Ed.)

Every calling has some ideal. All labor is honorable, and those in any occupation who strive to do their duty, set for themselves some standard of attainment. Necessarily there is a sliding scale of standard proportionate to the variety of vocations. The ideal of the ditch digger is, perhaps, not apparent to many, while for generations that of the medical profession has never fallen short of the highest.

Nevertheless, despite our high aims,, our freely acknowledged self-sacrifice, and our rather grudgingly-admitted, but tremendous services to the Commonwealth, there have always been among us envy, malice, cupidity, and dissension, but to a degree not greater than can be accounted for by the recognized frailties of human character, yet sufficient to bring upon us unnecessary reproach and grave loss. To you, who are soon to enter the ranks of medicine, and who are well grounded in that knowledge of natural science and of normal and disordered function that is essential to the fulfillment of duty to the patients entrusted to your care, some knowledge of the principles by which your conduct in and toward your profession is to be guided is indispensable. Take a copy of the "Principles of Medical Ethics," which is presented to you by the American Medical Association, read it, and then for future frequent reference, put it where you can readily find it. This little booklet is no fetich to be worshiped, but none of you who steers his professional course by its teachings will ever regret its receipt. It contains no penal code. We do not presume that some of us will require punishment. It is more pleasant to regard ourselves as educated men, developed beyond the stage at which punishment is required to keep us moral, and as eager to imitate the example and observe the precept of the best of our honored predecessors.

The "Principles of Medical Ethics" does not aim to cover the whole field of professional conduct by written precept, but rather by inculcating an honorable professional bearing that shall enable each one at the emergency to see the right, and that shall furnish the impulse to act in accord therewith. Gentlemen, Medical Ethics is not a subject far off in the clouds. It is the epitome of practical everyday decent conduct. Our ideals are not unattainable.

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Life is not a bed of roses, nor is our profession at the millenium. Among your fellows you will find some pretense. Do not thereby be discouraged, and above all, do not imitate. Remember always that by far the greater majority of physicians are clean, upright men, endeavoring to live up as best they may, to the highest standard of morals that human evolution has produced. No matter if a leading man is guilty of rebating in secret. For a time, it is true, he may seem to amass wealth, while losing the confidence of his peers. Unless you are

foolish enough to try it, you can never know how bitterly empty is the heart of him who has besmirched his professional honor.

Like enough, when you have chosen your field of labor, you will find it occupied in part by some of the elders who have hardened their hearts to the finer aspects of their calling. Don't play baby, become pessimistic, and feel under instant necessity of emulating the vices of those of your colleagues. Wherever you settle, at once call upon those physicians who have preceded you in the neighborhood, and *join your county medical society.* Everywhere you are sure to find one or more of the elders honorable, fearless, helpful, and steady in good purpose. Affiliate with such, and ignore—not imitate—the occasional pirate.

Again I urge you, *join the county medical society.* Otherwise you will, of necessity, wither in dry rot. Progress is impossible if you remain isolated, for none of us is self-sufficient. In the medical society you will continue your education, sharpen your wits, multiply your resources, achieve both self-confidence and respect for others, aid in improving the profession, assist in securing to yourself better remuneration for your services, and increase public respect for the medical profession and for yourself.

No doubt you know that now, in practically every State, when you join a county medical society you become a member of the State Medical Association, and that in no other way can you become eligible to membership in the American Medical Association. Therefore, in your own interest, you cannot afford to remain outside the pale of the organized profession. None now stay out, except those who can't get in, and the requirements are fully liberal. Remember that in this age large progress is quite impossible without organization. Organized, the medical profession is enhancing tenfold its service to the world, and immensely improving its own position.

Wherever you go, *start right.* Maintain your personal and professional honor, and study harder than you have in college. Then failure will be impossible and you will be privileged to share a great task.

Don't go into "contract practice," giving your services cheaply to some corporation, lodge, or group of families. In preference, work for small but direct fees until you can command larger ones. Contract practice not alone demoralizes the profession as a whole, but it puts a terrible blight upon the personal career of him who yields to its seductions. Whoever succumbs to this temptation lives to regret it bitterly.

You already know that it is the height of professional immorality and of personal dishonor on any pretext whatever secretly to divide your patient's fee with another physician. When you take a case to a consultant or specialist, your own services often warrant charging an extra fee. Charge it, and collect it squarely from the patient. You will thus maintain your own self-respect and stand clean in the eyes of your patient. Divide a fee secretly and in dishonor, and sooner or later a patient will find it out, tell it, and you will see yourself slipping away from association with your colleagues and losing public confidence. Shady practices, such as this, may seem temporarily remunerative; they entail ultimate disaster.

Lastly, in closing, let me repeat: *Join your county medical society at the first opportunity.* Cultivate the friendship of the good physicians about you. Keep your personal habits above reproach. Cherish in your heart a deep and constant love for your work. Avoid all devious methods—they lead to perdition. Never cease to study. Every few weeks read over your Principles of Ethics. Emulate, so far as you can, the lives of the really great men among your past teachers and present associates. Bear your share of general professional burdens through your society membership. *Love and honor your profession.* All these good things are attainable, and by them you will grasp real success in medicine.—*American Medicine.*

Sprains.

Dr. Brinton recommends that the limb be put into a vessel of very hot water immediately, boiling water being added as it can be borne, and kept immersed for twenty minutes, or until the pain ceases. Then put on a pretty tight bandage and order rest. If the condition is more chronic, apply a silicate of soda dressing, and let the patient walk with a cane, if the ankle be the joint affected.—*Penna. Med. Journal.*

"Why do you refer to his fortune as hush money?" Wagg—"He made it in soothing syrup."—*Philadelphia Record.*

THE VOMITING OF PREGNANCY.

While a certain degree of nausea and vomiting is the rule at some stage of pregnancy, the pernicious or fatal type of the disorder is quite uncommon. The difficulty of the situation resides in the fact that one cannot foresee whether or not in any given case the mild form will be converted into the severe. From the existing evidence it would appear that the condition when present is not always due to the same cause, so that the measures of relief to be employed must be varied accordingly. It is important, in the first place, to make a sharp distinction between vomiting occurring incidentally in the course of pregnancy and that which is a direct outcome of pregnancy. As the result of a most comprehensive study of the subject, based upon a thorough survey of the literature and a not inconsiderable personal experience, Dr. J. Whitridge Williams (*Bulletin of the Johns Hopkins Hospital,* March, 1906) differentiates three distinct types of the disorder, namely, reflex, neurotic, and toxemic, in accordance with the varying etiological factors present in the individual case.

Reflex vomiting of pregnancy results from disorders of the generative tract precedent to or coincident with pregnancy, such as abnormalities of the uterus, particularly displacement, endometritis, ovarian tumors, and abnormalities of the ovum, such as hydramnios, hydatidiform mole, or twin pregnancy. The treatment consists in removal of the underlying disturbance; and in the presence of hydramnios and hydatidiform mole the pregnancy should be promptly terminated. The neurotic variety of vomiting of pregnancy is referable to the attendant disturbance of mental, moral, and nervous equilibrium, and it responds most readily to suggestive and supporting treatment.

From the earliest times it has been held that the vomiting of pregnancy is due to the presence of toxic substances of varied origin, and opinions still differ as to the nature and source of these. Such intoxication, it has been thought, may arise from the gastrointestinal tract, from the ovum and its appendages, from ovarian secretion, or from hepatic lesions. Examination of the urine from women suffering from the vomiting of pregnancy often discloses the presence in increased amount of uric acid, indoxyl, syatoxyl, aromatic sulphates, phenol, and nucleoalbumin, and also of acetone, diacetic acid, peptone, urobilin, etc., indicating absorption of toxic materials derived from decomposition of carbohydates in the stomach and of proteids in the intestine. In another group of cases symptoms of profound derangement of metabolism are present, together with lesions in the liver analogous to those of acute yellow atrophy. The characteristic clinical feature under these conditions is a marked decrease in the amount of nitrogen excreted in the form of urea, together with a marked increase in the amount excreted in the form of ammonia. The treatment consists in prompt evacuation of the contents of the uterus.—*Medical Record.*

PANIC IN NEW YORK PUBLIC SCHOOLS.

Owing to a report made by the school authorities that a number of children in one of the East side schools required removal of adenoids and tonsils, and that their parents were too poor to pay carfare to go to a dispensary where they would be treated, several hospital physicians offered to go to the school and operate upon those children whose parents consented in writing thereto. Consequently three specialists, assisted by seven inspectors of the Health Department and as many nurses, operated on eighty-three children on June 21. Six days later a large number of parents, believing that the children in all the schools were to be operated upon, or, as the rumor had it, murdered, rushed to the schools, demanded their children, and, becoming excited, demolished windows and doors before the pupils could be dismissed. This occurred in the districts east and south of Houston street, where the Russian and Polish immigrants live. The next day the Italian district was the scene of a similar excitement. There was no intention of visiting other schools, but in this particular school the children who were operated upon were the ones selected by the Society for Improving the Condition of the Poor to be sent to the country, and it was the opinion of those interested that the fresh air benefit would be enhanced if the operations were performed first.—*Medical Record.*

Every injustice that a man commits lessens his own chance for a square deal.

PARABLE NO. 1, FROM THE BOOK OF ETHICS.

By Thomas Esculapius.

And it came to pass in the reign of Teddy the Terrible there dwelt in a city of the plains a Leech famous for his knowledge of how to get and to keep.

One day there chanced to him a mother leading her only son. Upon his foot was a healed wound made by a can known as Tomato. Then spake the woman, and said: "One whom I thought a goodly physician has treated this, my son, and assured me he is fairly recovered, but through solicitude of a mother's heart, I come for confirmation."

The Leech thereupon, lifting up his eyes, beheld a lusty youth, with difficulty restrained from play, without pain or swelling, or any humor known as fever, whose greatest affliction was his appetite. Then the Leech sayeth within himself, "Lo, here is a youth sorely afflicted with a disease known as 'A Mother with one son,' and there is written in the book controlling Leeches no sentence so cunningly devised that may incriminate me." And his mouth spake, and he did say: "Woman, Wisdom did here direct thy feet. This thy son is grievously afflicted, perchance to death. Lo, upon his foot the signs known as Scar and Discoloration, witnessing that fatal disease called Blood Poison. I will put thereon healing dressings and to his knee a band of ample stiffness. See thou he keep his bed and come to me for many days until this fatal humor shall be driven from his blood."

Then was there denunciation and imprecation among the people upon the man who did so leave her son to die. His Honesty became a curse and his Knowledge did but count as ignorance.

But the Leech did prosper in the land and became filled with that which is known as Blood-Money. Wherefore liveth a Leech, unless he do so fill himself? Selah.—*Texas State Journal of Medicine.*

Dr. Weigel of Rochester, N. Y., recently died of cancer, which was diagnosed by an eminent pathologist, and by him attributed to excessive exposure to the X-ray, in the use of which Dr. Weigel was an expert.

Correspondence.

Notes From the Boston Meeting.

There was a time when a meeting of the A. M. A. was an event of only a mild degree of academic interest. "Glad to have us in their midst," "cordially to be commended," "benefited all by discussions, interchange of views, and mutual support and sympathy in striving for more elevated ideals," and a whole lot more of like tenor, patronizingly told in a long line of addresses of welcome, while our unorganized organization modestly bowed its recognition and acknowledgements of the hospitality and commendation thus tendered, as in annual rotation it pursued its peripatetic pilgrimages through the length and breadth of the land. Things are different now. A great change, almost unnoticed, has come about. The child has almost with suddenness grown to the proportions of a giant. It has picked up some of the weapons, until now lying about unheeded, that belong to the panoply of puissant manhood. It finds that it can wield them. It feels its strength. It realizes within itself the birth of a mighty power. Henceforth it is to be reckoned with. When its hand is uplifted some one must pause; when its voice is heard some one must listen—and heed.

To anyone who was privileged to attend the late meeting at Boston, these will not seem idle words. A great gathering of educated men, each especially trained in the science and art of alleviating the ills that bear hard upon life and comfort; called upon daily at their homes for help and healing; welcome visitors in every home; advisers sought in almost every exigency; relied upon; confided in; trusted even beyond the limits assigned to faith; what finite thing can measure the influence and power there concentrated and ready to be wielded, or the achievement when called into action at the behest of organized direction! It had been forty-one years since the Association had last met in that city. The desolating Civil war had just closed, and confusion and divided counsels then prevailed in the medical profession as in all else. What an inspiring contrast the late meeting must have seemed to Boston. What a revelation Boston must have seemed to the late meeting. It would be impossible to put into words an appreciation of the hospitality, the

prodigality, the completeness of detail with which the city opened her gates to her visitors. Few cities could equal, none could surpass her facilities in providing adequate halls and meeting places. Hotels and lodging-houses there were beyond all requirement, and her transportation system made access to all easy and rapid. It is true her bewildering streets might give anyone pause should he desire to reach an unfamiliar point, but placards upon street cars, and carefully worked-out instructions in printed form supplied to every visitor, made the way of the wayfarer easy. Even the terrors of the "validating office," (that invention of the devil, which neither he nor his imps nor eke the angels in heaven could find one sensible reason for), hidden away in the maze of downtown streets, were made almost tolerable by the thoughtful directions to and from, what to do there, and when and how to do it, promulgated by the committee of arrangements. Witchcraft surely flourishes in Boston still, for it could have been nothing short of this that enabled the committee to announce that between the hours of 6 p. m. and 9 a. m. of every day of the meeting, telephone service, local or long distance, to any part of the country reached by their lines, was *free* to all wearing the badge of the Association. And as there were not less than ten thousand wearers of the badge, it can be readily understood why pinches and pin-pricks and rubbing of eyes were scarcely adequate to convince one that he was actually awake here on this planet, and not dreaming in some far-away elysium.

The exercise of their black art did not end with this. They bewitched the entire aggregation of visitors, and most willingly, yea, eagerly did these submit to the spell. On three afternoons, at the magnificent, three million dollar, new Harvard Medical School buildings, from 4 to 6 o'clock, all were invited to partake of tea (tea, in Boston!) and light refreshments. On these occasions the hitherto concealed power of the committee was revealed, for they had assembled there more than a hundred young ladies, the prettiest and brightest of the old Hub's best, arrayed bewitchingly in dainty white, with red sashes and red-ribboned white caps, to serve, and to see that all were served, come few, come many. Verily, in those three days, many were they to whom the hope came that the day that witchcraft should disappear from Boston might be long put off. And other many, who now, at their homes, in their busy daily life, when things refining and elevating creep into their thoughts, turn their gaze far away Bostonward, and—muse.

Boston was especially fortunate in having a vast building in which to install the registration department, post office, exhibits, and the general meetings and receptions. Mechanics Hall, said to cover seven acres, furnished two immense halls for these purposes. One with a seating capacity of eight thousand, was set apart for the opening session, and on one evening, for the president's reception. On these two occasions this vast auditorium was filled almost to its capacity. The opening session was, of course, the most notable gathering of the meeting, the officials, ex-officials, state and city executives and distinguished visitors occupying conspicuous positions on the stage. The Rev. Edward Everett Hale voiced the opening invocation. Hon. Curtis Guild, Governor of Massachusetts, Mayor Fitzgerald of Boston, President Elliott of Harvard University, and Dr. A. T. Cabot, for the Massachusetts Medical Society, spoke the words of greeting and welcome.

Perhaps the most affectionately greeted personage present was the venerable Dr. Alonzo Garcelon, ex-Governor of Maine, who on being discovered in the audience was escorted to the stage amid a storm of plaudits. Although ninety-four years old, Dr. Garcelon is yet hale and vigorous, and full of interest in the well-doing of the Association. Three years before, he celebrated his ninety-first birthday at the New Orleans meeting, whither he had traveled all the way from his Maine home alone. West Virginia has the honor of being the home of the next oldest member present, Dr. L. R. Charter, of West Union, Doddridge County, who is ninety, and one of the founders of our State Medical Association. How we should cherish the spirit that animates these veterans, and emulate their example of unflagging interest in the ennobling pursuits in which their long and honored lives have been spent. A unique feature of the reception to the president was the presence of a chorus of one hundred voices, all physicians, I was told, got together and trained under the direction of

Dr. Richard C. Cabot, who conducted them in their two performances, certainly with energy, and doubtless with inspired skill. Kings and princelings might well envy him and them the loyal fervor of the applause they won.

Of the general addresses and the various section meetings there is little to be said, other than that they were fully up to the high average of former gatherings. A feature of these meetings, of growing perplexity, and more patent at this than any previous one, is the overloading of so many of the sections. The number of registrations is so great, and the papers on the programmes so numerous, that it is a physical impossibility to more than skim over the subjects introduced, and anything like general discussion of them is a disappointing failure. The effect of this is sure to be a gradual deterioration in quality and a corresponding decay in interest. Something will have to be done to reform the situation, and whoever shall succeed in devising the successful way to do it will deserve well the plaudits he is sure to receive.

The work of the House of Delegates this year was mostly of a routine nature. Organization, higher educational standards, pure foods and drugs and public health legislation were among the principal subjects considered, and gratifying progress toward the attainment of the objects sought was apparent. Of interest to us as a state is the change made in the apportionment of membership in the House of Delegates for the years 1907, 1908, 1909. Hitherto a state was assigned one delegate to each 500 of its membership. The ratio for the next three years has been fixed at one for each 600, based upon the present year's membership. This reduces West Virginia's allotment for the next three years to one delegate.

The growth of the Association in the last few years has been very great, and is destined to be very much greater in the next few. The total membership on May 1st, 1906, was 23,636. Of this number, West Virginia furnishes 234. It should be and will be more like five times that number. The total registration at the meeting exceeded 4,800; almost 2,000 greater than the highest previous record. Of this number our state furnished 16, a larger representation than ever before. The total income of the Association for the past year was, leaving out the odd hundreds, $275,000. Its expenses, among which is included the cost of publishing its Journal, $215,000. The Journal which it established and conducts is powerful and invaluable. As we have embarked in a similar enterprise in West Virginia, it will be of interest to note a few items from the report of the Journal managers. The weekly circulation during the past year ranged from 35,000 to 42,000 (in round numbers), the average for the whole year being 38,000. The total income of the Journal for the past year was but a few dollars less than $257,000. This is made up, from membership dues, $84,000, subscriptions from non-members, $64,000, and advertisements, $95,000.

It is gratifying to be able to state that the percentage of all the physicians of West Virginia who receive the Journal compares very favorably with that of the other states of the union. The total number of copies sent to West Virginia is 418; 234 to members and 184 to other subscribers. This is a gain of 68 over last year, and is 29.6 per cent. of the estimated total number of physicians in the state. In some of the states, notably those most sparsely settled, the percentage is much higher. North Dakota has 73 per cent., Washington 58 per cent., Idaho 55 per cent., while among the older states we have North Carolina with only 15.9 per cent., Georgia 16.8 per cent., Tennessee 17.1 per cent., New York 21.1 per cent., Massachusetts 32 per cent, Pennsylvania 32.5 per cent., and Illinois with 44 per cent. These figures show how we stand in comparison with our sister states, and point out our immediate duty to the great and powerful organization to which we belong, which is devoted solely to our highest interests, and which is only just now becoming able to wield the tremendous power, so long dormant, of a great and unified profession.

There is much more that might be said about Boston and her great meeting, but I must put a limit to this communication or the editor will chop my head off. To historic Boston; philanthropic Boston; civic Boston; educational Boston; artistic, commercial, social, literary and religious Boston, a separate communication might well be devoted. But the sum of all our impressions gathered there during those delightful days (of course, it rained some,) irresistably crystallize into the phrase, *Honest Boston.*

L. D. WILSON.

The Need of Rest.

Scientific experiments have proved that metals are subject to fatigue and need regular rest. A steel rail, or the link of a chain, or the girder in a bridge, will last longer and do more work if it is given periodical rest than if it is kept on a constant strain. A persistent jar on a bar of metal shakes the molecules into crystals, forming lines of easy cleavage, and it breaks. But if the bar gets periods of rest the molecules regain their normal position and the bar regains its strength. A chain is only as strong as its weakest link. Every locomotive, every engine, every iron or steel tool gets tired and is the better for regular rest.

The rest that is needful for iron and steel, is just as needful, if not more so, for muscle and nerve, for heart and brain. If rest is necessary for the best work of a powerful and complicated engine, it is more necessary for the best efforts of the human body, the most wonderful and most complicated of all machines. Continual activity causes chronic fatigue that shortens life and weakens one's efforts. Rest renews and refreshes and sends one back to more vital and vigorous work, and to higher accomplishments. A vacation is not a selfish whim, nor an unfaithful escape from duty, but it is a universal need, a necessary part of every good life-work. The human body absolutely requires change and rest and recreation to best accomplish its appointed duty.

If a vacation is necessary for the clerk, the bookkeeper, the housewife, the lawyer and the minister, it is still more needful for the physician. No profession is so full of responsibility, of worry, of anxiety, of constant tire and strain, as that of medicine. The severe drain on one's sympathy alone, at times, brings on a feeling of utter fatigue. The uncertainty of a medical diagnosis, the anxiety and loss of sleep of an obstetrical case, the worry and responsibility of a surgical operation, and the thousand and one irritations arising in practice, all go to make up the day's' work in the most exacting of all professions. The doctor, then, of all others, requires rest, and a regular vacation is a necessity to him, if he do his full duty to himself and his profession.

Not much matter what he does or where he goes on his vacation, he will get genuine enjoyment and real benefit, because he is away from work and relaxed from strain. There is no such enthusiastic sightseer, nor so good tempered traveler, nor so observing and appreciative tourist, or "tripper" as the English say, as the doctor off on his vacation. The tighter the bow is bent the more it will relax. Whether hunting, or fishing, or traveling hard and fast and far, and seeing strange countries and new cities, or lounging at the sea-shore, forced by the soporific influence of old ocean to *dolce far niente,* or lulled to long hours of sleep by that most soothing of all lullabies, the dull booming of the surf, no matter what, or how, or where, the doctor enjoys his vacation to the fullest, and it is one of the absolute needs of his life.

Reasoning thus, I have left patients and professional cares far behind, and this hot July day finds me reposing restfully on a steam yacht on the coast of Maine. But my thoughts revert to the mountain state of my birth, and to the Medical Society whose recent session I attended. And this suggests the thought that every physician should regard it as a matter of duty and necessity to attend at least one medical meeting away from home in each year. He owes that much to himself and to his profession. It was inspiring and impressive, at the fiftieth meeting of the American Medical Association, to hear the late Dr. N. S. Davis, that patriarch of the profession, eighty-four years of age and still working at the time, exhort the young men to do as he had done, attend every meeting of the Association. The last meeting of our State Society, at Webster Springs, was the best and one of the largest ever held. Let the next one be better and larger still, and let each successive meeting be still larger, and thus will result more good to the individual and more power to our association and more glory to our profession, and more benefit to the people whom we serve.

JOHN L. DICKEY.

BAR HARBOR, MAINE, July 23, 1906.

"Dr. Kraft had so little medical skill I wonder why Miss Passay always calls him in."

"Oh! he's got her cinched."

"Understands her thoroughly, eh?"

"Yes; whenever she gets a cold he calls it 'croup.'"—*Catholic Standard and Times.*

First Authentic Story of the Leper.

Editor of West Virginia Medical Journal.

Sir:—In view of the notoriety of the case of leprosy which has caused so much newspaper comment and such embarrassment to the several railroads, we deem it of sufficient interest to the profession to give a true history of the case of Marron John Rashid, age twenty-one, a native of the town of Surba, Sidon county, State of Beirath, Syria, who came to America about four years ago. He first engaged in peddling in the State of Maine, after which he was employed in a cotton factory in Waterville, Maine, where he remained about one year. He was married a few years before leaving his native country and left his wife in Syria, she following to America about eighteen months later, joining him at Waterville. A few months after she came, and about two years after Rashid's arrival, he developed some sores about his face which became so serious that he was compelled to quit his work in the factory. Soon after this he went to Uniontown, Pa., where he remained a few months, living among his Syrian friends while his wife peddled from place to place. They then came to Enterprise, W. Va., and remained a short time. Then they came to Clarksburg, W. Va., and Rashid was in one of the hospitals there about three weeks. From there they went to Richwood, W. Va., and spent some time there. Thence they came to Philippi and after remaining there for a time they reached Elkins on June 5th. About the 15th Dr. W. W. Golden saw Rashid, he having expressed a desire to enter Davis Memorial Hospital, but upon examination Dr. Golden, surgeon in charge of hospital, diagnosed the case as leprosy and declined to receive him. I saw him about the twenty-fifth of June and was puzzled to diagnose the case, never having seen a leper, but after consulting with Dr. Golden and reading up the history of leprosy, I was convinced that this man had a true case of tubercular leprosy.

As the meeting of our local medical society, (Barbour-Randolph-Tucker,) was to meet just at this time, we decided to say nothing of the case publicly and to present it before the society, which was done on July 28th. At the meeting the fifteen physicians present concurred in the diagnosis and the patient was turned over to the Board of Health, which at once took charge of him, preparing a tent for him, where he remained till the eighteenth when he took "French leave."

During the discussion of this case at the society the fact that the disease was only very mildly contagious was emphasized, and as a consequence when the news that a leper was in town became known, but little excitement was manifested, thereby demonstrating the practical utility of a county medical society in moulding public opinion. It may be interesting to know that our Board of Health and the city authorities did all they could to make the patient comfortable. After furnishing him with tent and cot with sufficient clothing, they allowed the Syrian friends one dollar per day to supply him with provisions, etc. Besides, many friends visited him from time to time and gave him many delicacies to make his isolation as agreeable as possible.

During this period efforts were in progress by the local Board of Health, through the state and national authorities, to make a permanent disposition of the patient. Since his leaving Elkins the public has been informed of his every movement.

As a helpful factor in the diagnosis of this case the leper admitted that there were two similar cases in his native village at the time of his departure from it. Thus far neither his wife nor his friends, so far as we can learn, have leprosy, and the fact that he had been in this country two years before its appearance, demonstrates the long incubation period of leprosy. Though his wife was with him constantly through the two years of the disease she shows no sign of infection. The rarity of this disease in this country no doubt accounts for the failure of an earlier diagnosis, notwithstanding the fact that this man was under the care of several physicians in different states. In addition to the leprosy, Rashid is also suffering from an advanced valvular lesion of the heart.

Yours truly,

J. C. IRONS, M. D.,

Elkins, W. Va., July 30th, 1906.

In this connection we reproduce below an extract from a letter in the New York Times, written by the distinguished dermatologist, Dr. W. S. Gottheil, of New York City. It is well worth reading and remembering, and physicians can do much good by informing the public on this subject. It

is not at all unlikely that this disease will increase in the country, which is receiving annually untold thousands of immigrants from southeastern Europe.—Ed.

To the Editor of the New York Times:

Leprosy is not contagious in any ordinary sense of the term. It is not contagious in the course of ordinary social intercourse; so that there is absolutely no danger in treating these sufferers humanely and ministering to their wants. All the evidence goes to show that in our climate, at all events, lepers do not communicate the disease to others. To my personal knowledge, we have always for twenty-five years past, had lepers among us; yet fresh cases have not arisen. We see them in our clinics and societies every year; but they all come from regions where the disease is endemic—from China, the Sandwich Islands, and Southeastern and Southern Europe, &c. Even Father Damien's case, supposed to be an undoubted instance of self-sacrifice and infection, has latterly been doubted. It is claimed that he came from a leprous family and was already infected when he went to Molokai.

In 1883, when I was interne in the City (Charity) Hospital, we had three lepers in the skin ward; one of them worked daily on one of the department steamboats. At the present time I have a leper in my ward at the same institution; he has been there two years, at least. These patients, and others like them, have lived in the ward, have associated with the others, and have been dressed by the nurses. I believe that there has always been a case or two there; yet there has never been any danger of infection. Two years ago I accidentally saw a case far advanced in the disease that had never been detected. She was a Sicilian woman who had been here twelve years. During most of this time she had kept a grocery store in a crowded section of the city; she lived in a two-room tenement with her husband and six children; she had the disease before she came to this country, and no one had been infected.

Of course, I am not prepared to say that a person married to a leper might not in the course of years contract the disease; but I am so convinced of its practical non-contagiousness that I should not hesitate for a moment to live in the same house with one. It is cruel and benighted to fly from such patients as if they were plague-stricken, to imprison them in box-cars and hand them food at the end of a stick, and to deny them the ordinary attention and care due to the sick and indigent.

It must not be forgotten, also, that leprosy, while practically incurable, so far as our present knowledge goes, begins insidiously and lasts for many years, during which time the patient may be in no way incapacitated from work. It is, in fact, so slow that the great majority of the patients here do not die of the disease, but of other affections, just as other people do. A man of means who did not apply for public relief could undoubtedly conceal his disease, and there is no reason to doubt that this occurs. The cases among the poor only come to our hospitals and clinics, for they are deprived of the power of earning their living by comparatively slight disabilities.

From every point of view the danger of a leper to his surroundings are infinitesimal, compared with that from a consumptive or one affected with blood poisoning. I believe in leper colonies, to which, however, only patients willing to go or unable to support and care for themselves should be sent.

* * * *

Let us, then, treat the lepers sensibly and humanely; their lot is hard enough without our ignorance rendering it unbearable.

RESPONSE TO ADDRESS OF WELCOME AT WEBSTER SPRINGS.

(This address by Dr. F. Howell, of Clarksburg, was received too late for insertion in its place.)

Honorable Mayor, Ladies and Gentlemen, Citizens of Webster Springs:

I have been asked and it is my pleasant privilege to acknowledge, upon the part of the members of the West Virginia State Medical Association, your hearty, cordial welcome of our Association to your town, which, nestled here as it is in this beautiful valley, surrounded by God's everlasting and magnificent mountains, upon this river of pellucid beauty and heaven-descended purity, by this healing spring, is a spot worthy of the Oracle of Delphi or of the Epidauraean Temple of Aesculapius.

From the remotest times, through the legendary period of the world, and on down to the present, the people of the world have associated with springs and with rivers

with mountains and woods, some oracular, or divine, or inspiring, or healing influence. It is fitting, therefore, and appropriate that the physicians of the little Mountain State of West Virginia should come here; come and drink of this healing spring, receive inspiration from the sylvan beauty of the spot, and listen to words of wisdom from the fathers in medicine here assembled, men who have borne worthily the mantles fallen upon them from honorable and distinguished predecessors.

It is gratifying to know that this spring is not presided over and sedulously guarded against intrusion by an agency of forbidding aspect, a python; on the other hand, the priestesses here are of pleasing aspect, comely looks and assuring manner.

Of the more than 2,000 physicians of the State, a fair representation have, for the present, laid aside the cares of busy professional life, consigned their patients to some less fortunate brother, and made the pilgrimage over mountain, hill and valley, from every point and corner of the State, to meet here, to confer with each other, and to learn from each other the latest in medicine and surgery, in their several departments and specialties, and they will go hence with new inspiration and with new energy, the better able and the more determined to perform their necessary and sacred duties to the unfortunate sick and distressed.

To you, citiznes of this beautiful town, who may attend the meetings of this Association, it will be, I trust, an object lesson of the unselfishness and of the devotion of the profession of medicine to the best interests and the greatest welfare of all humanity It will be a great step forward in the interests of public and private health and morals, and the general welfare of the race, if the people ever realize the high conceptions and disinterested motives of that part of the profession which is worthy of, and which conforms to the high ideals and traditions of our glorious past.

The laity, perhaps, rarely recall, and are as rarely reminded of, the great antiquity and of the glorious history of our noble profession.. We read in Holy Writ that when Jacob died, Joseph commanded his servants, the physicians, to embalm him. Thus at the death of the patriarch Jacob, about 1700 years before Christ, Egypt possessed men who practiced the art of medicine. You will all recall that the cultivated and gentle apostle Luke was a physician. Until a few years ago this Mosaic reference was the most ancient authentic account that we possessed of the healing art. During the winter of 1872-73, however, Professor George Ebers and his friend, Ludwig Stern, of the University of Leipsic, spent several months in Egypt in quest of rare documents, and fortunately saw and came into possessioin of a well preserved papyrus, which had been found in one of the tombs of the necropolis of Thebes. Upon close examination, Ebers soon discovered the character of the work, and recognized it as a priceless and most comprehensive contribution to ancient Egyptian medicine. He, in connection with other German scholars and Egyptologists, worked for thirty years upon a translation, but he unfortunately died when it was almost completed, and, strange to say, made provision in his will that the manuscript be destroyed, in case of his death, and this was done. A translation, however, which will comprise about 500 pages, has lately been completetd by Dr. Karl H. Von Klein, of Chicago, and will be published shortly. In this ancient work a large proportion of the diseases known to medical science are carefully classified and their symptoms minutely described. Over 700 different remedies are mentioned and nearly all the forms in which medicines are given and applied now are described.

The work shows, says Dr. Von Klein, that for 4,000 or 5,000 years before Christ, there were learned men in Egypt who could make intelligent observations of disease, and combine complicated prescriptions and use them with judgment. This papyrus proves that medicine was a practiced art back in the earliest times to which even legendary history carries us.

But we will come down to the time of Hippocrates, the Father of Modern Medicine. I say of Modern Medicine, because of the great antiquity of the reference and of the work just spoken of.

Hippocrates died sometime between the years 361 to 399 before Christ. Of the leading points in his life and teachings, and of the history of medicine since his day, we have reliable and continuous account. He practiced his profession and established a school and taught in Athens over 400 years before the Christian era. From his students and disciples he exacted an oath or pledge which is worthy the greatness, fidelity and purity of the man, and this same

pledge is subscribed to by graduates in medicine to this day. This pledge is worthy to be quoted. Translated liberally, it is about as follows: "I swear by Apollo, the physician and Aesculapeus, and health, and Allheal and the Gods and Goddesses, that, according to my ability and judgment, I will keep this oath and this stipulation, to reckon him who taught me this art equally dear to me as my parents, to share my substance with him and to relieve his necessities if required, to look upon his offspring in the same footing as my own brothers, and to teach them this Art, if they shall wish to learn it, without fee or stipulataion, and that by precept, lecture and every other mode of instruction I will impart a knowledge of the Art to my own sons and those of my teachers, and to disciples bound by a stipulation and oath according to the law of medicine, but to none others. I will follow the system of regimen which, according to my ability and judgment, I consider for the benefit of my patients, and abstain from whatever is deleterious and mischievous. And in like manner I will not give a woman a pessary to produce abortion, but will treat all patients entrusted to my care in such manner as will most speedily effect their cure, with the least possible suffering and with the least possible expense. . . . .

With purity and holiness I will pass my life and practice my Art. I will not cut persons laboring under the stone, but will leave this to be done by men who are practitioners of this work.

Into whatever houses I enter, I will go into them for the benefit of the sick, and will abstain from every voluntary act of mischief and corruption, and further from the seduction of females or males, of freemen and slaves.

Whatever in connection with my professional practice, or not in connection with it, I see or hear in the life of men, which ought not to be spoken of abroad, I will not divulge, as reckoning that all such should be kept secret.

While I continue to keep this oath unviolated, may it be granted me to enjoy life and the practice of the Art, respectetd by all men, in all time. But should I trespass and violate this oath, may the reverse be my lot."

Could anything be more beautiful or more appropriate and applicable to the relations of honorable physicians to each other and to their patients than this, which was written more than twenty-thee centuries ago? In truth, the ethical rules thus laid down, and implied, by Hippocrates have regulated the actions and conduct of the honorable physician through all ages, and apply with even more force and propriety to-day. As civilization and learning and culture advance, ethics become coincidently and necessarily more refined, but not consequently harder to understand.

The ordinary rules of courtesy and gentlemanly conduct that prevail among cultured and well disposed people, prevail here in all these relations and nothing more. All are simple and easily understood, if their understanding is desired. No medical man is ever intentionally unethical.

There is no middle ground in this matter. We are ethical or unethical. If our every professional act conforms to the Golden Rule, we are ethical. If a single voluntary act does not, we are unethical, and before we can again be considered ethical, that act must be positively renounced and evidences of good intention produced.

May the members of the State Medical Association maintain and elevate, if possible, the high standard of honor that was established by its distinguished founders, and may we deserve as much of the future membership of this Association as the past deserves of us.

The rules which should regulate the conduct of the patient or client toward the physician are equally or even more simple. To illustrate: If you hire a common laborer to do a certain piece of work, and afterward decide, for some reason, that you prefer another to do it, you have a right to change, but common courtesy and fairness demand that you explain to the first man fully and sataisfactorily, and pay him equitably, before you employ another. The second laborer would be a churl if he contracted or agreed to do the work before explanations and settlement with the first had been made, and before his discharge, as would any other laborer who would assist or voluntarily become connected with him or with the transaction in any way.

To the laity, the people, we have to look for our support. In return for that support, what have they a right to expect from us? To be relieved when they are suffering and cured when they are sick only? Far from this; they have a right to be instructed as to how to keep well; as to how to maintain

their surroundings in healthful condition, and as to how to avoid contagion and infection. It is said, as you know perhaps, that the Chinese pay their physicians to keep them well, stop payment when they get sick, and chop off their heads in case they die. I do not refer to this as a suggestion to our West Virginia legislators that they frame and pass such a law for our regulation, but the plan would sometimes, perhaps, be commendable.

I believe that the people should be taken more into our confidence. Dr. William H. Mayo, in his presidential address at the Boston meeting of the American Medical Association just closed, said: "That the people are ignorant of medical affairs is due to bad education rather than to prejudice. They are more than two decades behind advanced medical thought; it is our duty to keep them better informed." I agree with this. Their minds should be attracted to this subject upon every fitting occasion. They should be invited and encouraged to attend such meetings as we are having here, and I am always glad to see them present in numbers, the greater the number the better. They will not be slow to act when they once understand how they, and the dearest interests they have in the world, their health and their lives and the health and lives of their wives and children, are so vitally concerned. They know already that diphtheria, by means of antitoxin, has been robbed of its terrors, and they are learning that smallpox can, by general vaccination, be banished; that yellow fever can be controlled, that tuberculosis can be prevented and cured. They are beginning to see that it is a reproach for a city, a town or a community to have typhoid fever, and that it is a grave reflection upon any health officer, if scarlet fever, measles or any of the contagious or infectious diseases prevail. Sooner or later they will see and relaize their right to be protected, and will hold the profession of medicine accountable.

But medical science, and state medicine especially, is making rapid progress, and I have confidence that as the demand increase along the lines indicated that they will be prepared to meet them.

Fourteen years ago, in an address of welcome which I had the honor of making to the State Medical Society of West Virginia at Clarksburg, I said: "In the domain of preventive medicine rapid strides have been made. More enlightenment upon the nature of contagious and infectious diseases and of the ways in which they may be communicated and carried, has been followed by more scientific and effective means of prevention and repression, and this is a field that practically can be, and in the near future must be, wonderfully improved." That was prophetic of what has occurred. I am not a prophet above others, but what I have said to-day along these lines is more surely bound to transpire.

And now, in closing, I want to say that it is our hope and belief that while we are with you here our acquaintance and association will be mutually interesting, encouraging and benefiting.

I also want again to assure you of our appreciation of your cordial words of welcome. But your words are not all. We read in ancient myth and song and story that Apollo was attracted and held by the entrancing beauty of the valley of the Pleistus. So we are attracted, and will be held in your charming valley; and as the oaks in the grove of Dodona were said to speak, and its fountains to murmur articulate, so the soft sough of the wind-waved pines on your mountains and the low murmur of your gently-rippling river convey to us a welcome. And as the Castalean Spring was said to purify and the Pierean to inspire, may the good in you all be stimulated to greater effort and to higher accomplishment by this meeting at Webster Springs, and may we all go from it purer in our lives and more inspired in our profession and work.

Dr J. J. Levy, in *N. Y. Medical Journal,* highly lauds the use of dry cups in lumbago. The editor of this (W. Va.) Journal has often applied them with marked relief in this very painful affection, using common tumblers. Levy recommends that their application be followed by the following internally:

℞ Potass. Acetatis ℥ss
Sodii Salicylatis ʒiij
Aquae Gaultheriae q. s. ad ℥iij

Ft. solutio. Sig.: Teaspoonful in water every 4 hours.

Also this to back:

℞ Methyl. Salicylatis ʒi
Spiriti Chloroformi ℥ss
Linimenti Saponis q. s. ad ℥iij

M. Sig. Rub in well for ten minutes night and morning.

The West Virginia Medical Journal.

COMMITTEE ON PUBLICATION.
S. L. JEPSON, M.D., CH'N.
L. D. WILSON, M.D., JNO. L. DICKEY, M.D.
Office of Publication: The News.

WHEELING, W. VA., AUGUST, 1906.

THE JOURNAL will be published for the first year as a bi-monthly—August, October, December, February, April and June. Commencing with July, 1907, we expect to issue a monthly.

Subscription, - - - - - - - - - - - $1.00 per year
Single Copies, - - - - - - - - - - - - - - 20 cents

All communications to this Journal must be made to it exclusively. Communications and items of general interest to the profession are invited from all over the State. Notices of deaths, removals from the State, changes of location, etc., are requested.

Our readers are requested to send us marked copies of local newspapers containing matters of interest to members of the medical profession. Name of sender should be given.

CONTRIBUTIONS TYPEWRITTEN.

It will be satisfactory to all concerned if authors will have their contributions typewritten before submitting them for publication. The expense is small to the author—the satisfaction is great to the editor and printer.

ADVERTISEMENTS.

Advertising forms will go to press not later than the 20th of July, September, November, January, March and May.

Advertisements of proprietary medicines must be accompanied with formulæ.

REMITTANCES

Should be made by check, draft, money or express order or registered letter to Dr. S. L. Jepson, Ch'n of Pub. Com., 81 Twelfth Street, Wheeling, W. Va.

ADVERTISING RATES.

	Six issues.	Three issues.	Two issues.	One issue.
One page.....	$50.00	$28.00	$20.00	$12.00
One-half page.....	28.00	15.00	11.00	7.00
One-fourth page....	15.00	8.00	6.00	4.00
Professional Cards..	6.00	3.50	2.50	1.50

Preferred space extra.

Accounts for advertising payable within ten days after each issue.

Address all business communications to Chairman of Publishing Committee, as above.

Editorial.

HERE WE ARE.

The West Virginia Medical Journal, with its very best bow, steps modestly into the charmed circle of State Medical Society Journalism, and hopes for a warm welcome. Receive us with a cheerful smile, encourage with a word of commendation when deserved, stimulate by kind suggestion and criticism when needed, help by contributions from your observations and experience, and we will remain with you. Unkind complaint does no good and is discouraging to honest effort. Let evey one give his aid, and the best results will follow, and The Journal will live and grow and do good.

S. L. J.

WHY WE ARE HERE.

As will be seen by reading the minutes of the House of Delegates of our State Medical Association, that body, at its meeting in June, directed the Committee on Publication to issue a periodical Medical Journal instead of the annual volume of Transactions. The writer, who has served on the publishing committee twenty years of the Society's existence, appeared before the Delegates and made an argument against the establishment of a Journal until our membership be increased, and especially until data could be presented showing approximately the cost of such a periodical, and the probable income from subscriptions and advertisements. The House, by an almost unanimous vote, expressed its "want of confidence" in the views of the speaker, and as loyal and obedient members of our State Association the Committee on Publication went to work to execute the order of the House of Delegates, and as the result presents this first number of your Journal. The writer is glad to say, that correspondence with the editors of our sister State Association Journals has convinced him that the judgment of the House of Delegates was wiser than his own.

In starting this new enterprise, your committee has no policy to lay down in advance, preferring to "clothe its purpose in the sober fabric of performance rather than in the showy gauze of promise." For the present we simply give you the best efforts of our editorial inexperience. As long as the Journal is under the present management, however, it will be directed in the interest of the medical profession generally, but particularly in the interest of the organized profession, as collected in the County and State Societies.

Knowing that no one is infallible, we shall exercise the largest charity towards all with whom we may have dealings, whenever they appear to be striving to act fairly and honestly. The golden rule is a safe guide for all, and no one can go far wrong who adopts it for daily use. Feeling quite sure that every physician who honestly and earnestly desires to further, not only the best interests of the profession but his own professional progress, will best accomplish those purposes by close affiliation with his fellow-workers, it shall be our constant endeavor to stimulate the organization and growth of County Societies. To this end we now urge the many excellent young men who have recently entered upon their professional career in this State, to at once connect themselves with their County Society, if there be one. In counties having no organization, the reputable physicians should meet for conference, adjust past differences, if need be, forgive past errors and indiscretions, make new resolves, and organize.

Frequent close contact of men engaged in the same profession enables them to estimate each other at their true value, and differences can be thus more readily adjusted, for the sins of our fellows of which we sometimes hear grow beautifully less when we know them better. How much more delightful our whole professional life would be, could we habitually exercise charity towards our brethren, inquiring of ourselves, before passing judgment, "how would we have acted under similar circumstances?" Down at the bottom, the human heart is kind, as is seen in times of distress and suffering. Very many risk their lives to save the drowning, spend their time freely to relieve pain and distress, give of their slender means when the great trial comes. Why can we not, in the ordinary walks of life, constantly show the best that is in us, thus lightening the burdens of others and making our own pathway in life more bright!

"God, what a world, if men in street and mart
Felt the same kinship of the human heart
Which makes them, in the face of flame and flood,
Rise to the meaning of true brotherhood!

Come together, then, as brethren engaged in the same noble, self-sacrificing calling, talk over the interests of the profession, smooth down the rough places in your own disposition, and organize your county. If you be but half a dozen, if you be able to meet but twice a year, you will be in touch with your State Society and with the great American Medical Association. You will be entitled to representation in the annual meetings of the State Society and will receive its Journal, and thus you will be made to feel, as you never felt before, that you are a part of a noble brotherhood of men, working unselfishly in a common cause. Organize!

S. L. J.

OUR THIRTY-NINTH ANNUAL MEETING.

The State Medical Association, as many of our readers may not know, held its last meeting at Webster Springs, which is rapidly coming to the front as one of our popular summer resorts. The meeting marks a new era in our history. Firstly, it was altogether the most delightful meeting the society has ever held. This was in part due to the very pleasant place in which we met, a beautiful and homelike hotel, within sound of the waters of the Elk river, as it dashes over its rocky bed, and overshadowed by the densely wooded mountains that rise from the very water's edge. Thus pleasantly situated, each member felt in his happiest mood. The two hours' ride from Holly Junction through magnificent river and mountain scenery, put every one in the most cheerful frame of mind. And then the ladies were with us, and the young people to the number of not less than thirty; and for

three days we mingled together as one happy family, with no thought of the cares and vexations of practice.

Again, the business of the meeting was transacted promptly, quietly and well, and with little, if any, factional differences. The decisions of the Councilors and House of Delegates were acquiesced in, for those bodies endeavored to mete out exact justice to all.

Of the banquet on the second evening, with Dr. J. L. Dickey as toastmaster, it may be truly said that it was the happiest event of the kind in the society's history. The toast master was at his best, and the speakers were stimulated by the presence of fifty fair women. It was the general verdict that these added greatly to the joy of the occasion, and that all of our future annual banquets should be graced by the presence of the wives, daughters and lady friends of the members.

If you, dear reader, missed this joyous occasion, we are sorry for you, for all who were present went back to their work with happier hearts, with a larger charity, and feeling, no doubt, that the days and evenings had been well spent in discussing medicine, in mingling with old friends and making new ones, and in listening to the many pleasant things that spring from bright minds, wherever intelligent people are congregated.

Be sure to meet us in Huntington next June. S. L. J.

PURE FOOD AND DRUG BILL.

The country is to be congratulated that Congress has at last, after fifteen years of persistent effort by physicians and others deeply interested in the well-being of our people, enacted a pure food and drug bill. This act provides that it shall be unlawful for any person to manufacture within any Territory or the District of Columbia any article of food or drug which is adulterated or misbranded. It also provides that "any person who shall ship from any State or Territory or the District of Columbia to any other State or Territory or the District of Columbia, or to a foreign county, or who shall receive in any State or Territory or the District of Columbia from any other State or Territory or the District of Columbia, or foreign country, and having received, shall deliver, in original or unbroken packages, for pay or otherwise, or offer to deliver to any other person, any such article so adulterated or misbranded within the meaning of this Act, or any person who shall sell or offer for sale in the District of Columbia or the Territories of the United States any such adulterated or misbranded foods or drugs, or export or offer the same to any foreign country, shall be guilty of a misdemeanor, and for such offense be fined not exceeding two hundred dollars for the first offense, and upon conviction of each subsequent offense not exceeding three hundred dollars or be imprisoned not exceeding one year, or both, in the discretion of the court."

The law further fixes the standard of purity for drugs. If they are sold under a name recognized in the U. S. Pharmacopeia or National Formulary, they must come up to the requirements in strength, quality and purity of the tests laid down in those authorities. Punishment is provided for misbranding any article. The term "misbranded," as used in the law "shall apply to all drugs, or articles of food, or articles which enter into the composition of food, the package or label of which shall bear any statement, design, or device regarding such article, or the ingredients or substances contained therein which shall be false or misleading in any particular, and to any food or drug product which is falsely branded as to the State, Territory, or country in which it is manufactured or produced.

That for the purposes of this Act an article shall also be deemed to be misbranded:

In case of drugs:

First. If it be an imitation of or offered for sale under the name of another article.

Second. If the contents of the package as originally put up shall have been removed, in whole or in part, and other contents shall have been placed in such package, or if the package fail to bear a statement on the label of the quantity or proportion of any alcohol, morphine, opium, cocaine, heroin, alpha or beta eucaine, chloroform, cannabis indica, chloral hydrate, or acetanilid, or any derivative or preparation of any such substances contained therein.

In the case of food :

First. If it be an imitation of or offered for sale under the distinctive name of another article.

Second. If it be labeled or branded so as to deceive or mislead the purchaser, or purport to be a foreign product when not so, or if the contents of the package as originally put up shall have been removed in whole or in part and other contents shall have been placed in such package, or if it fail to bear a statement on the label of the quantity or proportion of any morphine, opium, cocaine, heroin, alpha or beta eucaine, chloroform, cannabis indica, chloral hydrate, or acetanilid, or any derivative or preparation of any such substances contained therein."

It is very evident that some doctors were within call when this law was framed. They generally are when the well-being of the people is at stake. Powerful money interests have been doggedly fighting the passage of some such measure as this for years, and came near again accomplishing their selfish purposes. One congressman, after voting for an amendment that would have greatly weakened the bill, was asked if he really approved of the proposed amendment. "No," he replied, "but I'm tired resisting the pressure." That man ought to give place to one with a more rigid spine.

The law, almost to the last moment, contained a provision allowing alcohol necessary for the dissolving of ingredients to be used in a proprietary medicine without a statement of the fact on the label. Even this concession to the nostrum makers was finally eliminated, so that now any and every amount of alcohol must be stated on the label. Truly "it was a mighty victory."

It should be noted, however, that this law of congress applies only to interstate commerce, and does not interfere with the manufacturer of impure drugs and foods and their sale within the States in which they are produced. Let the same righteous influences now move on our State legislatures, that similar laws may be put upon the statute books. Only thus can the people be protected and their lives, health and habits be preserved from the influence of dangerous poisons and narcotics sold under the name of food or nostrums. S. L. J.

EDITORIAL NOTES.

The Journal has been sent to several hundred physicians who are neither subscribers nor members of the State Medical Association. We urge all such to send their subscription of one dollar at once. We need their aid and co-operation, and are quite sure they will receive more than a dollar's worth of profit and pleasure from reading the excellent papers presented by our contributors, and the news items we hope to present from all parts of the State. Let State pride stimulate you to support your home Journal. Send your dollar now!

We ask the indulgence of those members who read papers at the last meeting of the State Association, if the publication of their essays should be deferred. Those papers were so good that we cannot afford to present them all in one or two issues, but must scatter them through the year, and print with other less valuable material, and thus strive to keep the Journal up to a good average. In the meantime, let those who have written nothing for us, go to work and send us their best efforts. We need the help of all who have anything worth saying.

News items of professional interest will always be welcome. The County Society secretaries especially should keep their eyes and ears open for healthful news. We don't care for the morbid. Enough of that is heard in our daily rounds. Tell us what your society is doing. Send us the best medical papers read. Give us the new officers after each election.

In counties having no medical society, we shall look to our younger men, not yet burdened with a large practice, to give us information as to local medical affairs. Report conditions, and our Councilors will be glad to give you aid in advancing the cause of county organization. The Journal will keep you in touch with the State Association until you can organize and become a part of us.

Cannot the officers of the societies in the larger cities send us some valuable ads? Blank rates and contracts sent on application. In no other way than through the Journal can 1,200 or more West Virginia physicians be reached by advertisers so easily, so certainly and so cheaply.

The older members of our society were glad to welcome Dr. Howell back to our midst at Webster Springs, after a prolonged absence occasioned by ill health following a severe attack of typhoid fever. The Doctor is one of our most progressive men, and his activity in the meeting added much to its interest.

The Journal editors are especially indebted to Dr. I. C. Chase, Fort Worth, editor of the Texas Medical Journal, for his valuable suggestions as to some features of Journal management, and take this occasion to return thanks for his courtesy. The Doctor edits one of the best State Association Journals in the country.

To those physicians who have responded to our letters and postals, thanks. To those who haven't—well, forgiveness this time, for they don't know the additional labor they have put upon us.

Our advertisers are all reliable. We desire no other kind. Patronize them, and tell them that you saw their ad. in our Journal. Thus we may hold them and win others.—S. L. J.

ENCOURAGEMENT.

In organizing our new enterprise, we sought the advice of those who had preceded us, namely, the editors of our sister State Medical Society Journals. Without exception, the responses were prompt and courteous, and of great value to us. We desire to here publicly acknowledge our indebtedness, and for the stimulation of our members present a few quotations from the letters received:

Dr. Simmons, Jour. A. M. A.—"I am glad to hear that the W. Va. State Medical Asso- will publish its own Journal, and I shall be more than glad to co-operate at any time that it is in my power."

Dr. Nicholson, Missouri State Journal.—"The first issue of our Journal was a little over two years ago, when we had 900 members. At present we have more than 2,000 paid members, and the increase is attributed largely to the Journal, which has been the means of cementing the profession, and holding together the country members especially."

Dr. Wilson, Jr., ex-ed. South Carolina Journal.—"Properly conducted, and edited with high ideals, I believe a State Asso. Journal can be made an instrument of the greatest value to the profession. Our Journal costs no more than the old volume of Transactions, and is vastly more beneficial."

Dr. Chase, Texas Jour. of Med.—"I wish you well in your undertaking and believe that with careful management, you will find the Journal more satisfactory than Transactions."

Dr. Newton, New Jersey Med. Jour.—"In my opinion your society has decided wisely

in determining to publish a Journal, which ought to help to build up your Association in many ways, add interest to your meetings, get in physicians who have not yet joined your organization, etc."

Dr. Kreider, Ilinois Med. Jour.—"The value of our Journal has been proven beyound a doubt, and our members would not think of going back to the old style of yearly Transactions."

Dr. Warbasse, N. Y. State Jour. of Med.—"If your Journal is run upon a broad basis, and made to represent the whole profession, and if the editor is a man of high ideals, you can have a Journal which will be a great help to the profession in your State."

Dr. McLandress, New Mexico Med. Jour.—"I have no doubt that your Association, with 600 paid up members to support it, can publish and maintain a splendid Journal. Think of our little Association with but 200 members, publishing a Journal now in its second year."

Kind letters were also received from Kansas, Michigan, Colorado and Ohio.

STATE NEWS.

(The impossibility of hearing from the different counties will explain why most of our news items are local. We urge the component society secretaries to send in items for future issues.)

Dr. Andrew Wilson of Wheeling has recently embarked on the sea of matrimony, having found a most estimable wife by robbing our City Hospital of its very accomplished superintendent, Miss Heinrichs. All but the Hospital are to be congratulated.

—:—

Dr. S. L. Jepson has been honored by a place on the program of the Wheeling District Chautauqua Assembly, which is held annually in August on the Moundsville Camp Ground. The subject of his address is, "The Perils of Unrestricted Immigration," and the time of delivery 2 p. m., August 9th.

—:—

Dr. G. A. Aschman, who has been in Europe for the past six months, will be home in August.

—:—

Drs. Frank L. Hupp and W. H. McLain, of Wheeling, are spending a few weeks in European travel. Dr. Hupp is accompanied by his wife and daughter.

—:—

We regret to announce the death of Dr. Ashford Brown, of Webster Co., which occurred June 15th, at the age of 85 years. Dr. Brown joined the State Society in 1876, and the Transactions of 1895 contain a paper by him on "Malignant Tumors."

—:—

Wheeling has recently enacted an ordinance providing for the licensing of all milk dealers. Our fellow-member, Dr. A. Wilson, is the very competent milk inspector.

—:—

Dr. J. L. Dickey and wife, of Wheeling, have just returned from a yachting cruise along the New England and Canadian coast. They were the guests of a brother-in-law, Mr. Henry M. Laughlin, of Pittsburg. Money makes the yacht go. S. L. J.

—:—

Dr. J. H. Doyle and Dr. D. C. Peck have recently begun practice in Grafton.

R. H. P.

—:—

Dr. J. A. Guthrie, of Huntington, has returned from a trip to New York, where he was doing post-graduate work.

—:—

Dr. C. M. Hawes and Dr. Wm. C. McGuire have recently located in Huntington.

—:—

Dr. H. A. Brandebury and two daughters have returned from a pleasure trip to New York and Philadelphia.

—:—

Dr. H. C. Solter's family are keeping cool during the hot weather at Alderson.

—:—

The Association of C. & O. Railway Surgeons met in Huntington on the 18th of July. They decided to accept the modified fee bill submitted by the chief surgeon of the company.

—:—

Dr. O. S. Reynolds, of Williamson, will spend the month of August with friends and relatives in the east.

—:—

Work is being rapidly pushed on the new building at the W. Va. Asylum.

—:—

Dr. J. C. Geiger has returned from a two weeks' visit to his home in Virginia.

T. W. M.

STATE APPOINTEES.

Below is a list of medical appointees of the State. We note that of this number, there are twelve who are not members of the State Medical Association. If these are worthy to occupy the positions they hold, they are entitled to membership in our association, which they should early join, and thus not only indicate that they are among the progressive physicians of the state, but put themselves in a position to better help on the cause of organization and medical progress.

The State Board of Health.

Dr. John L. Dickey, Wheeling. Term expires June 1, 1907.

Dr. A. R. Warden, Grafton. Term expires June 1, 1907.

Dr. J. E. Robins, Claremont. Term expires June 1, 1907.

Dr. S. W. Varner, Glenville. Term expires June 1, 1907.

Dr. H. A. Barbee, Pt. Pleasant. Term expires June 1, 1907.

Dr. M. H. Proudfoot, Rowlesburg. Term expires June 1, 1909.

Dr. D. P. Morgan, Clarksburg. Term expires June 1, 1909.

Dr. A. N. Frame, Parkersburg. Term expires June 1, 1909.

Dr. F. E. Vickers, Huntington. Term expires June 1, 1900.

Dr. T. L. Barber, Charleston. Term expires June 1, 1909.

The State Board of Embalmers.

John Barlow, Charleston. Term expires June 1, 1906.

Geo. D. Gilfillan, Parkersburg. Term expires June 1, 1907.

Ray N. Ferrell, West Union. Term expires June 1, 1907.

W. H. Fredlock, Piedmont. Term expires June 1, 1908.

Chas. H. Watkins, Jr., Wheeling. Term expires June 1, 1908.

State Board of Dental Examiners.

H. M. Van Voorhis, Morgantown. Term expires June 21, 1907.

James Stathers, Sistersville. Term expires June 21, 1907.

C. H. Bartlett, Parkersburg. Term expires June 21, 1908.

J. F. Butts, Charleston. Term expires June 21, 1908.

W. A. Williams, Huntington. Term expires June 21, 1909.

State Vaccine Agents.

Dr. S. L. Jepson, Wheeling. Term expires June 1, 1909.

Dr. W. T. Henshaw, Martinsburg. Term expires June 12, 1909.

Dr. A. H. Shawkey, Charleston. Term expires June 1, 1909.

Commissioners of Pharmacy.

Frank B. Haymaker, Clarksburg. Term expires April 1, 1909.

J. L. Crider, Huntington. Term expires April 1, 1905.

E. L. Love, Grafton. Term expires April 1, 1906.

Harry L. Boggs, Charleston. Term expires April 1, 1907.

Alfred Walker, Sutton. Term expires April 1, 1908.

W. Va. Hospital for the Insane, Weston.

S. M. Steele, M.D., Superintendent.

Susan Price, M.D., Assistant.

Cecil Denham, M.D., Assistant.

J. G. Pettit, M.D., Assistant.

Second Hospital for the Insane, Spencer.

A. J. Lyon, M.D., Superintendent.

E. H. Dodson, M.D., First Assistant.

P. C. Casto, M.D., Second Assistant.

A. L. Crislip, D.D.S., Dental Attendant.

West Va. Asylum, Huntington.

L. V. Guthrie, M.D., Superintendent.

J. R. Bloss, M.D., Assistant Physician.

T. W. Moore, M.D., Consulting Oculist and Aurist.

Miners' Hospital No. 1, Welch.

H. D. Hatfield, M.D., Surgeon-in-Chief, Eckman.

Chas. F. Hicks, M.D., Superintendent.

W. F. Shaw, M.D., House Surgeon

Miners' Hospital No. 2, McKendree.

E. P. Sparks, M.D., Supt. and Surgeon-in-Chief.

E. B. Wheeler, M.D., House Surgeon.

Miners' Hospital No. 3, Fairmont.

J. W. McDonald, M.D., Superintendent.

W. C. Jamison, M.D., Ass't Superintendent.

Dr. E. C. Hayworth, of Huntington is a member of the Board of Regents of the State University.

Dr. G. A. Aschman, of Wheeling, is President of the Board of Regents of the State Schools for the Deaf, Dumb and Blind.

Dr. Harriet B. Jones is President of Board of Directors of the State Home for Girls.

The State Board of Health is composed of good men, and it is doing a good work. The secretary, Dr. H. A. Barbee, reports the results of the April examinations in Parkersburg, and the questions are given below. The number of subjects examined in was nine; number of questions 180; percentage necessary to pass 80; total number of physicians examined 44; of these but 12 passed. Of the 32 who failed, 11 had not yet received the M.D. It is no less than disgraceful to the state that the law makes it possible for a non-graduate to enter upon the practice of medicine.

The colleges represented at the April examination are here given:

College.	Year Grad.	Per Cent.
PASSED.		
Ohio Medical University.....(1902) 83;	(1905)	88
University of Pennsylvania.....	(1905)	91
University of Virginia.....(1900) 92;	(1905)	90
Maryland Med. Coll.....	(1905)	80
University College of Medicine.....	(1905)	88, 94
Metropolitan Med. Coll.....	(1899)	83
Harvard University	(1904)	90
University of Maryland.....	(1904)	87
College of P. & S., New York.....	(1900)	93
FAILED.		
Kentucky School of Medicine.....	(1905)	62, 62
Maryland Med. Coll.*.....(1903) 57;	(1905)	84
Eclectic Medical Institute.....	(1906)	76, 76
Western Reserve University.....	(1876)	58
University College of Medicine.(1897) 84;*	(1906)	78
Kentucky University .....(1904) 71;	(1905)	78
Pulte Med. Coll.*.....	(1906)	83
University of the South.....	(1904)	72
Louisville Med. Coll.....	(1905)	74, 74
Barnes Med. College*.....(1905) 82;	(1906)	82
University of Louisville*.....	(1905)	81
Baltimore University	(1905)	77, 77
Baltimore Medical College*.....	(1905)	80

Non-graduates: The grade of 64 was reached by two, 70, 73 and 76 by one each, 70 by four and 70 and 80* by one each.

*Below 65 in one or more branches.

Surgery.

1. Describe operation for thrombus of the sigmoid sinus.
2. Give two operations to drain the antrum of highmore.
3. Give concisely the steps in gastrotomy.
4. Amputate the vermiform appendix.
5. Describe operation for inguinal hernia.
6. What physiological changes occur in repair of fractured bone?
7. What is surgeical fever and how treated?
8. What is the characteristic shape of a tubercular joint?
9. Give operation for removal of adenoid growths in the nasopharynx.
10. What is sarcocele?

Bacteriology.

1. Name the bacteria that are found in the large majority of cases in inflammatory areas, and that are known as the common (not specific) causes of inflammation and suppuration.
2. What do you understand by immunization? Give example.
3. Give method of bacterial culture, and examination.
4. Name bacteria found in different pneumonic processes.
5. How is pneumonia transmitted?
6. Name the bacteria always present in perityphlitic abscesses.
7. Name the organisms ordinarily found in cases of infectious conjunctivitis.
8. Name the organisms, mode of entrance, prophylaxis, and give treatment for case of puerperal fever.
9. Describe minutely the proper procedure for the thorough disinfection of hands before and after surgical and maternity cases.
10. Disinfect sick room after termination of illness.

Anatomy.

1. Tell what you know of the sphenoid bone, and its articulations with other bones.
2. Describe the spinal cord from medulla down, and name its coverings.
3. Tell all you know about the wrist joint.
4. Describe the diaphragm and give its office.
5. Trace the peritoneum.
6. Name muscles of thigh in their order, and nerve supply of same.
7. Describe the male urethra.
8. Describe the chorda tympani nerve, and tell what it supplies.
9. Describe femoral artery, and name branches.
10. Describe the seminal vesicles.

Chemistry.

1. What is an ion?
2. Describe a test for excess of hydrochloric acid in gastric contents.
3. Describe the properties and uses of boric acid.
4. Mention four alkaloids of opium.
5. Define "hardness" in water.
6. What is sulphur? How is it obtained? Give test for it.
7. Give symptoms of iodoform poisoning.
8. Describe K. I.
9. What is the chemical antidote for nitrate of silver?
10. What is the quantity of urea in 24 hours, and the amount of total solids in the urine?

Materia Medica and Therapeutics.

1. What two systems of weights and measures are used in the pharmacopeia?

2. What per cent. are most of the tinctures in the new pharmacopeia?
3. Oleoresins — Name two, give dose and therapy.
4. Calomel and podophyllin—Give dose, indications for their use, physiological action and therapy.
5. Write two prescriptions, one for serious diarrhoea and one for dysentery, for an adult.
6. Heat and cold—How applied or used, and name some of the conditions or diseases in which they are useful.
7. Enemata—Describe enema to unload the bowels, and a nutrient enema, giving composition and quantity of each.
8. How would you disinfect the excreta of typhoid, and how a room that has been occupied by a patient having a contagious disease?
9. Diet—Give diet for typhoid patient, one having diabetes mellitus, and an infant, bottle-fed, six months old.
10. Describe treatment of a case of tuberculosis, giving hygiene, diet and medical treatment. Which is of greatest importance?

Practice of Medicine.

1. Give the symptoms and ordinary age limit of typhoid fever.
2. Treat a case of acute jaundice.
3. What is the cause and treatment of chorea?
4. What is the cause and treatment of scurvy?
5. Give the treatment of ophthalmia neonatorum.
6. Diagnose an enlarged spleen.
7. What is renal colic? Cause, symptoms and treatment?
8. What precautions would you use while attending a case of erysipelas or scarlatina?
9. Treat a case of moist eczema of the external auditory canal.
10. Treat chronic Bright's disease.

Physiology and Medical Jurisprudence.

1. Describe the physiology of rectal feeding.
2. What changes take place in the composition of blood as it passes through the kidneys?
3. Give the foramen of exit, the distribution and the function of the patheticus nerve (fourth cranial).
4. How is the venous blood current maintained? What arteries carry venous blood?
5. How is cartilage developed, how nourished?
6. What are amyloid foods, proteid foods?
7. Name the solids of the urine, and state the approximate amount of each voided daily by an adult.
8. Define and describe respiratory system and respiratory sounds.
9. Differentiate rigor mortis from the rigidity of hysteria and catalepsy.
10. What are the post mortem appearances peculiar to death by apnea?

Hygiene.

1. What are the essentials to a perfect hygiene?
2. What is the relative estimate of the efficiency of therapeutics and hygiene in the battle with disease?
3. What prophylactic measures are effectual in eradicating malaria, tuberculosis, puerperal septicemia, scabies and variola?
4. How is the health of young and old affected by posture, by sleep, by drug and alcoholic habits and by regular habits?
5. Through what channels do the tissue changes find an exit from the body? What evil effects of their failure to be excreted, and what bearing has hygiene upon this?
6. What conditions result from bad ventilation? How detect bad air? Give different methods of ventilation and the purpose aimed at.
7. Give the purpose and methods of quarantine, the value of health reports.
8. How educate the young as to the importance of hygienic precautions in curtailing venereal diseases?
9. Detail your directions to the nurses in the case of the new born. What diseases arise from improper hygiene here?
10. What constitutes sewage, and what the various methods of disposing of it?

Obstetrics and Gynecology.

1. Diagnose pregnancy from (1) Congestive hypertrophy of the uterus, (2) Ascitic distension of the abdomen, (3) Uterine and ovarian tumors.
2. Describe the uterus and appendages, give also the blood and nerve supply.
3. Enumerate the dangers of a prolonged labor after the first stage has been completed.
4. Give your management of an impacted breech presentation.
5. Under what conditions would you produce a premature labor? What method would you employ?

6. What diseases may arise in pregnancy as a result of this condition? Give treatment.
7. Give cause, prognosis and treatment of atresia of the vagina.
8. Diagnose ovarian tumor, and describe in full the operation for its removal.
9. Give cause, diagnosis and treatment of cystitis.
10. Describe the operation for the repair of a lacerated perineum.

Transactions of West Virginia State Medical Association, 39th Annual Session, at Webster Springs, June 20th to 22nd, 1906

I. MINUTES OF GENERAL MEETING.

The general meeting of the West Virginia State Medical Association convened in the Court House at Webster Springs, W. Va., Wednesday, June 20th, at 8:20 P. M.

The meeting was opened with prayer by Rev. B. M. Keith, of Webster Springs.

Mr. W. S. Wysong on behalf of the town delivered a warm address of welcome.

Dr. Fleming Howell responded for the Association.

President Wade delivered the Annual Address of the President. On motion it was referred to a committee, as follows: Drs. Howell, Irons and Lind.

Dr. Barber called for the physicians of Webster county to meet him next day for the purpose of forming a component society.

Adjournment at 10:20 P. M.

Thursday, 10:15 A. M.

The session was opened with prayer by Dr. S. L. Jepson.

Dr. A. S. Grimm read his paper, "Does the Profession Appreciate Sufficiently the Advantages of Union, and if Not How Can We Best Remedy the Defect?"

Dr. Wm. W. Golden read his paper, "The County Society."

The Chair here called attention to Chapter X., Section 1, of the By-Laws, in which the delivery of each paper is limited to 20 minutes.

Dr. C. H. Maxwell read his paper, "Prejudice."

Adjournment at 11:45 A. M.

Thursday, 2:00 P. M.

Dr. G. D. Lind read his paper, "Medical Legislation in West Virginia."

On motion Dr. J. R. Cook was here allowed to read a paper entitled "Ourselves as Others See Us," to take the place of his paper on obstruction of the bowel set for a later hour on the program.

All of the above named papers were then discussed by Drs. Jepson, Howell, Jamison, McLaughlin, Shull and Hood. The discussion was closed by Drs. Grimm and Golden.

The paper of Dr. H. K. Owens, "A Year's Work in Obstetrics—Facts, Figures and Comments," was called for, but owing to the absence of its author from the hall at that time, it was read by title and referred to the Committee on Publication to print in the Journal or Transactions.

Dr. C. L. Holland read his paper, "Indications for Premature Delivery."

Owing to the absence of its author, the paper by Dr. O. L. Perry, "Puerperal Fever," was read by title and referred to the Committee on Publication.

Dr. Chester Ogden read his paper, "The Uterine Curette—Its Use and Abuse." Discussed by Drs. Preston, Maxwell, Henry, Strickler, Jepson, Stout, Linsz, Golden, McKinney, Powell, Irons, Cannaday and Arnett. Dr. Ogden closed the discussion.

Dr. T. W. Moore read his paper, "The Ethics of the Medical Specialist, and His Assumption of Ignorance of the General Practitioner." Discussed by Drs. Wade, Howell and Lind.

The following resolution introduced by Dr Lind was carried:

Resolved, That it is the sense of this Association, that the subject of medical ethics and the general relations of physicians to each other and to the people, should be taught as a regular branch in every medical college. Further, we recommend that the teachers in medical colleges should instruct their pupils in the importance of organization and advise them to affiliate with medical societies.

Dr. T. L. Barber read his paper, "Lessons Learned from Three Years' Use of the X-ray." Discussed by Drs. Strickler, Ogden, Golden and Branham.

Dr. C. O. Henry read his paper, "What Mental Conditions Render a Testator Incapable of Making a Will." Discussed by Drs. Hood and Dickey.

Adjournment at 5:30 P. M

Friday, 10:45 A. M.

Dr. H. B. Stout read his paper, "Thoughts Pertaining to Strictures of the Male Urethra, With Surgical Treatment—The Author's New Operation." Discussed by Drs. Powell, Cannaday, Strickler, McMillen, Mason, Barber, Hall, Hood and McLaughlin.

Dr. Golden suggested to those who, like himself, may be disposed to give this new operation a trial, that they refer to this operation as the "Sout operation" in their reports on it. Dr. Stout closed the discussion.

Dr. J. E. Cannaday read his paper, "The Diagnostic Value of the Cystoscope and Ureteral Catheter." Discussed by Drs. Powell and Mason.

On motion Dr. W. C. Jamison was allowed to read a voluntary paper, "Wounds of the Dead Body."

The Secretary stated that Dr. Bovee informed him that he was unavoidably prevented from coming to the meeting. The reading of Dr. Bovee's paper was omitted.

Dr. J. E. Rader read his paper, "Acute Appendicitis."

Adjournment at 12:15 P. M.

Friday, 1:30 P. M.

The discussion of Dr. Rader's paper was taken up and was participated in by. Drs Haught, Branham, Howell, Mason and Powell. Dr. Rader closed the discussion.

Dr. S. M.. Mason read his pape r, "Gall Stones."

Dr. W. W. Golden read his paper, "Rupture of the Intestines—Report of Cases."

The Secretary read a telegram from Dr. Hatfield stating that he could not be present at the meeting. As his paper was not in the hands of the Secretary its reading was omitted.

Dr. J. H. Branham, of Baltimore, read his paper, "Reports of Operations from the Franklin Square Hospital."

On motion the thanks of the Association were extended to Dr. Branham for his excellent paper.

Dr. R. M. McMillen read his paper, "Alcohol."

On motion further discussion of papers was dispensed with, and all unread papers were referred to the Committee on Publication.

On motion the General Meeting of the Association adjourned at 3:30 P. M., sine die.

The following have registered at the meeting:

C. R. ENSLOW,
J. W. HOPKINS,
JOHN B. WOODVILLE,
L. L. MCKINNEY,
A. J. WOOFTER,
E. H. STUMP,
J. E. RADER,
L. W. COBURN,
J. A. BURK,
J. R. COOK,
W. C. JAMISON,
J. W. SHULL,
J. P. ALKIRE,
A. S. GRIMM,
J. L. CUNNINGHAM,
E. T. W. HALL,
D. D. CHESMAN,
G. D. LIND,
A. M. MCGOVERN,
H. H. YOUNG,
F. T. HAUGHT,
M. F. WRIGHT,
W. N. BURWELL,
P. A. HALEY,
T. C. MCLUNG,
J. C. IRONS,
C. F. AMOS,
L. F. KEEVER,
H. P. LINSZ,
H. W. VARNER,
J. A. COX,
W. S. LINK,
FLEMING HOWELL,
S. S. WADE,
C. N. SLATER,
S. L. JEPSON,
C. B. WILLIAMS,
T. M. HOOD,
ALLEN BUSH,
J. E. CANNADAY,
H. G. NICHOLSON,
C. L. HOLLAND,
W. A. MCMILLAN,
C. O. HENRY,
C. T. ARNETT,
W. A. MARSH,
S. M. MASON,
A. K. ROSS,
J. J. DUFFY,
E. E. KENNEDY,
J. S. MALOY,
ALEX. HANNAH,
M. D. CURE,
J. W. PRESTON,
CECIL DENHAM,
F. S. HOLSBERRY,
A. O. FLOWERS,
H. K. OWENS,
J. B. WINFIELD,
T. L. BARBER,
W. W. GOLDEN,
R. H. POWELL,
C. T. SMITH,
H. B. STOUT,
S. W. VARNER,
B. O. ROBINSON,
J. J. GOFF,
T. W. MOORE,
A. S. BOSWORTH,
JOHN H. DOYLE,
J. L. DICKEY,
C. R. OGDEN,
C. H. MAXWELL,
L. O. ROSE,
C. W. HALTERMAN.

II. MINUTES OF HOUSE OF DELEGATES.

The first session of the House of Delegates took place Thursday morning at 9:30 o'clock, in the Court House.

The following members of the House of Delegates were present:

MEMBERS EX-OFFICIO:

S. S. WADE, President, WILLIAM W. GOLDEN, Secretary,

COUNCILORS:

A. O. FLOWERS, T. L. BARBER,
M. F. WRIGHT, W. N. BURWELL,
T. W. MOORE.

DELEGATES:

J. C. IRONS.....Barbour-Randolph-Tucker Society.
H. K. OWENS.....Barbour-Randolph-Tucker Society.
J. E. RADER.....Cabell.
G. D. LIND.....Fayette.
T. C. MCCLUNG.....Greenbrier Valley.
J. W. HOPKINS.....Greenbrier Valley.
J. W. SHULL.....Grant-Hampshire-Hardy-Mineral.
FLEMING HOWELL.....Harrison.
CHESTER OGDEN.....Harrison.
E. T. W. HALL.....Harrison.
J. E. CANNADAY.....Kanawha.
H. H. YOUNG.....Kanawha.
A. J. WOOFTER.....Lewis-Upshur.
A. S. GRIMM.....Little Kanawha and Ohio Valley.
W. S. LINK.....Little Kanawha and Ohio Valley.
B. O. ROBINSON.....Little Kanawha and Ohio Valley.
W. C. JAMISON.....Marion.
C. O. HENRY.....Marion.
J. J. DUFFEY.....Marshall-Wetzel.
J. W. PRESTON.....McDowell.
ALLEN BUSH.....Monongalia.
R. W. MCMILLEN.....Ohio.
H. P. LINSZ.....Ohio.
E. W. STRICKLER.....Preston.
R. H. POWELL.....Taylor.

The Secretary read his annual report, which follows:

SECRETARY'S REPORT.

Mr. President and Fellow Members:

The membership of our Association by component societies is as follows:

Barbour-Randolph-Tucker	40
Berkeley	13
Cabell	35

Fayette	22
Greenbrier Valley	14
Grant-Hampshire-Hardy-Mineral	18
Harrison	63
Kanawha	34
Lewis-Upshur	15
Little Kanawha and Ohio Valley	55
Marion	35
Marshall-Wetzel	19
McDowell	21
Mingo	8
Monongalia	18
Ohio	36
Preston	7
Raleigh	10
	463

Taylor and Logan have so far made no report to us. This, together with the two direct members reported to me by the Treasurer, makes our total paid up membership 465. I know of quite a number of members who will pay up before this meeting closes, and a few will fall in line between now and the time we are ready to report our membership in print. It is safe to state that our paid up membership for this year is over 500. This is an unprecedented record in the history of our Association. Nearly every component society has made substantial gains during the year. Five new component societies were organized, named, Berkeley, Greenbrier Valley, Lewis-Upshur, Mingo and Raleigh, representing eight countries. These, together with the 26 counties comprised in the other 15 component societies, make a total of 34 counties represented in our Association out of 55 in the state. The topographical and ethnological conditions of the most of the 21 counties which are not organized are such as to constitute very small cause for discouragement. Below a certain degree of convenience of travel and below a certain number of population, medical organization becomes impracticable. The few of them which can be organized should be organized during the coming year without much difficulty. I am glad to state that we have not lost a single component society during the year.

Now that nuclei of medical societies (and some of them already have much body to them) are to be found all over the State, our main work of organization for the coming year lies in promoting their growth and increasing the strength of these organizations in every possible way. With such an eminently efficient corps of local secretaries as we are fortunate in having, our Councilors will find the task neither difficult nor unpleasant. Of course, in making this statement I am not to be understood as detracting one iota from the efficiency of the presiding and other officers of the local societies. Another year will find us entirely emerged from the confusion incident to our reorganization. This confusion caused may misunderstandings and consequent unpleasantness to many of us, from the Secretary of A. M. A. down to the individual members of our component societies. It has also more than quadrupled the work of some of us. As one who has served the Association under its old plan, continued during both reorganizations, and has now completed three years under the new and, I will add, perfect plan, the emergence from this confusion is a source of much relief and pleasure, and I have no doubt that many of you feel the same way. Let us hope that there will be no backsliding from the present gratifying conditions, and that each of us will strive to keep our Association on the lines laid down by the A. M. A.

During this year only one suit against a member for alleged mal-practice has come to my attention. The resolution adopted regarding this matter at our last Charleston meeting still remains rather vague. I would urge upon you that a committee be appointed to report at this meeting a definite plan of procedure to protect our members in such cases. I am sure that the adoption of a definite way in such emergencies will materially add to the usefulness of our Association and of the individual members. As a means of increasing our membership it will prove of incalculable benefit.

The matter of medical legislation is before us this year, and I wish to say that every member of the Association and the profession of this State at large look to the Association for a supreme effort in this direction. I do not wish here to dwell upon the necessity of such legislation nor upon the prospects of succeeding this time. These important phases of the subject I am sure you will ably discuss before the meeting closes, and the able members of our committee on legislation will give you an account of what has been done so far, and what had better be done in the future. But what I wish to impress upon you, gentlemen, is this, that regardless of what the result of the effort may prove to be, it is essential to the welfare of our Association that we materialize the profession's expectation. There is not another undertaking which can so well illustrate the usefulness of our Association as this one. Our component societies demand definite action and the profession at large is expecting it. Should we fail to make a proper effort, our Association will suffer a serious blow in its work of organization. You will perceive that I am looking at this and several other matters from the point of view of an organizer. I am taking the view that, given an Association with a membership including all the eligible phy-

sicians of the State, the question of accomplishing any undertaking, such as proper and needed legislation, would simply depend upon deciding to go after it. An effort commensurate with the magnitude of this undertaking will give the Association a claim on the profession of the State, and will materially hasten the realizatiou of our hope of seeing a united profession. I believe that the idea of co-operating with the other medical bodies of the State is a good one, and I hope that we will have the Board of Health with us as we did the last time. Let us go after it armed with every advantage possible. It will take all this to accomplish our purpose. I hope that when the matter is taken up by you for discussion and action, that every member will assist in framing a proper course, and that after this course has been mapped out and the proper committee appointed to take charge of the matter, each of you will go home determined to give this committee all possible help. I will mention that among the many helpful things that you can do is to discourage physicians from making any independent efforts at having medical legislation enacted. This we certainly have a right to expect from our members. If they have certain ideas on this subject, the time and place for them is right here. Let us have the benefit of these ideas so that we can mutually agree to follow a certain course, but having agreed upon this, let there be no confusion and scattering of energy. As the chairman of the committee on legislation who had charge of our bill two years ago is not present, I have taken the liberty of touching upon this very important point, a point which he has discussed with me since our last meeting and I fully agree with his ideas.

I wish to call your attention to the fact that while we are carrying on our catalogue the names of a number of distinguished physicians as honorary members our present constitution does not provide for any such membership. To be correct in this matter we should either amend the constitution or discontinue publishing this list under this title.

The matter of fees for life insurance examinations has been occupying the attention of several of our component societies, and at least in one, namely, the Marion, definite action has been taken. The movement now on foot in the Kanawha County Society appears to me more promising than any similar one that I know of. The Association is certainly bound to give our component societies all possible help in this just cause.

In the capacity of a member of the auxiliary committee on national legislation, I have at the request of the chairman, Dr. Reed, appointed a number of associate members consisting of the secretaries of our component societies, and such members of our State Board of Health as are members of this Association. I am glad to say that we have contributed our mite to such legislation as the National Legislative Committee had on hand.

The card index system is now installed in your secretary's office, and he believes that from now on the work in this office will be much simplified.

If all the reports are true, then we have quite a number of illegal practitioners in the State. I am not referring to the osteopaths and that brand. I don't know to what extent it would prove meddling with the business of the State Board of Health should our Association take a hand in the prosecution of this class. I know this much, however, that in some places medical societies are doing good work in this direction, and I am not aware that there has been any friction on this score between them and their Boards of Health.

Since the editor of the Virginia Semi-Monthly saw fit to mention my name in connection with the movement for a State Journal, I feel that it is perhaps best that I say a word about it. In the first place let me state that the implication in the editor's circular that I was the originator of the movement is incorrect. The credit belongs to our worthy ex-President Barber. That I feel an interest in it is of course to be expected. For the information of the committee on this subject I will simply state that the number of State Association Journals is constantly growing, and among the States publishing such are some whose membership is smaller than ours. There is no question that much benefit would result to us from the publication of a Journal of our own. The argument that we had better wait till our membership is larger is no stronger than an argument would be on the part of one starting in business, that he prefer waiting with his advertising till his business is well established. We need a Journal now more than we wlil need it in the future. As a medium of information of events and movements taking place in the various component societies it will prove of much benefit. As a means of furthering the work of our committees and councilors it will repay all the effort that might be connected with its understanding. And inasmuch as complete ownership would leave us free to shape its ethical and other qualifica-

tions to suit the ideas of the majority of our members this would seem a preferable way. A modest publication at the beginning has led to a more pretentious one with some States. As to cost, &c., I have a few facts and figures in my possession which I will turn over to the committee.

The secretary of the Lewis-Upshur Society writes asking if it would not be proper for the State Association to reduce the annual dues of its members to one-half, since that society was not organized till about five months of the present year had elapsed. If this be granted to the Lewis-Upshur Society the same should be done to the Berkeley Society, as it also was organized only recently. I believe that such an action would help organization along.

Dr. V. R. Moss, an aged physician and an old member of this Association, has been elected to honorary membership by the Cabell Society in whose jurisdiction he resides. By this he is relieved from paying any local dues. The State dues were paid for him this year by that society. Would it not be proper that the Association remit his dues, relieving the Cabell Society from paying for him in future. And might it not be well to do the same with all members after a certain age?

Fraternally submitted,

WILLIAM W. GOLDEN, Secretary.

The Treasurer read his report below:

TREASURER'S REPORT.

CHARLESTON, W. VA., June 18th, 1906.

Mr. President and Fellow Members:

I herewith submit my annual report for your consideration:

RECEIPTS.

1905. May 22	To Balance	$1347.27
1906. June 18	To Collections	1352.50
		$2699.77

DISBURSEMENTS.

1905. May 26	W. W. Golden	$ 27.80	
June 6	deGruyter & Frasier	10.00	
Aug. 16	Whitehead, Hoag & Co.	19.86	
" "	Dr. Va. McCune	25.30	
" "	Amer. Med. Ass'n	1.00	
" "	Dr. T. W. Moore	11.06	
" "	Dr. M. F. Wright	13.42	
" "	Dr. W. W. Golden	13.68	
" "	Dr. H. G. Nicholson	11.70	
" "	Dr. G. A. Aschman	10.00	
" "	Dr. T. M. Hood	7.00	
" "	Dr. J. H. Ravenscraft	15.13	
" "	Dr. C. R. Enslow	11.06	
" "	Elkins Print. & Supply Co.	21.00	
Nov. 1	Elkins Print. & Supply Co.	14.00	
" "	Dr. W. W. Golden	200.00	
" "	Dr. S. L. Jepson	28.50	
" 24	Wheeling News Lith. Co.	189.30	
" "	Dr. M. H. Proudfoot	12.50	
	Forward	$642.31	
	Receipts forward		$2699.77
	Disbursements forward	$642.31	
1906. May 23	Dr. T. W. Moore	12.45	
" "	Dr. W. W. Golden	33.50	
" "	Dr. W. W. Golden	20.00	
" "	Elkins Print. & Supply Co.	16.50	
" "	Globe-Wernicke Co.	.30	
" "	Elkins Print. & Supply Co.	43.00	
June 18	Treasurer's Salary	100.00	
	Clerk	20.00	
	Telegrams	1.65	
	Stamps	8.00	
	Bond	10.00	$ 907.71
	Balance in Treasury		$1792.06

Respectfully submitted,

V. T. CHURCHMAN.

Referred to Councilors, who reported as follows:

The Board of Councilors having examined the Treasurer's report, find it just and correct.

A. D. FLOWERS, Chairman.

The Secretary read a letter from Dr. H. O. Marcy, of Boston, Chairman of the Committee of the American Medical Association, on a memorial to the late Dr. N. S. Davis, asking for a contribution. On motion action was postponed to a later session.

In the absence of Dr. G. A. Aschman, Chairman of the Committee on Public Policy and Legislation, Dr. J. C. Irons made the report of this committee as follows:

ELKINS, W. VA., June 18, 1906.

Mr. President and Members of the Medical Association:

In the absence of the Chairman of your Committee on "Public Policy and Legislation," and by request of the President, and with the concurrence of the other members of the Committee, we, acting as temporary chairman, beg to submit the following report:

Soon after being asked to act, we addressed a circular letter to all the physicians of the State we could locate, which letter is as follows:

Dear Doctor:

The West Virginia Medical Association has long been seeking legislation more surely guarding the rights of the legal practitioner, and safeguarding the public. Such laws as have been enacted have been due to the efforts of the Association, but still much is needed to raise them to a parity with those of adjoining States; and much careful attention is required from the profession in giving efficiency to the present and contemplated legislation.

Among the most important matters that should command our attention are:

1st. The existing laws, intended to govern the practice of medicine in this State, are not

affording the desired protection to the professioin or the public, lacking in stringency and sufficient provision for enforcemeut.

2nd. The present laws should be amended so as to clearly define the term "practice of medicine" in its technical meaning, so as to embrace all who "practice the healing art" whatever means they may employ.

3rd. The standard of medical education in this State and the conditions necessary to licensure, should be so raised as to require graduation from some reputable medical school, and thereby enable us to establish reciprocity with other States.

4th. The law should require all patent or proprietary medicines sold or offered for sale in this State, to be so labelled as to give the exact amount of each drug in the specified dose.

5th. Pure food laws; uncontaminated water supplies; better preventive medicine etc., are other matters that should command attention.

We believe more adequate attention can be secured from our legislature, should each physician assist in moulding an already awakened public sentiment. See, as far as practicable, that the legislators selected are familiar with the needs, and in sympathy with the cause. We need co-operation among physicians, and believe it be best attained by affiliation with your nearest county medical society and with the State Association. Whether a member of the State Association or not, will you not in a practical way, help forward this needed movement?

J. C. IRONS, Elkins, W. Va.,
Acting Chairman.

PERCIVAL LANTZ, Alaska, W. Va.,
WM. W. GOLDEN, Elkins, W. Va.,
Committee.

In this letter we call special attention to several matters that require more strict and specific legislation. So far as we have been able to learn, Nos. 1, 2 and 3 have met with unanimous approval, but some object to Nos. 4 and 5, fearing that by coupling proprietary and patent medicines, and pure food, etc., with the others we will raise such a protest from those especialy interested that they will be able to defeat all legislation for the better control of the practice of medicine and for the best serving of the interests of those suffering from its abuse.

It is the opinion of your committee that since the public awakening, brought about chiefly by the lucid exposures of the frauds perpetrated upon a gullible public by the medicine venders of secret nostrums, as we have seen them explained and exposed in Collier's Weekly, The Ladies' Home Journal, The Journal of the American Medical Association, and a few other medical journals; and the recent awakening to the danger of disease from the filth permitted by the meat packing establishments of this country under the pretended guarantee of the government, the public is now in a good mood to demand more safe, sane, and sanitary laws controlling all these means of perpetrating such gigantic frauds and impurities upon a hitherto confiding public. We believe the time is now at hand when we should take up these matters and go forward to a more advanced position in the front ranks with our sister associations.

J. C. IRONS, Acting Chairman.

Adjourned to 5:30 P. M.

Thursday, 5:30 P. M.

Dr. J. L. Dickey, chairman of the committee on the Walter Reed Memorial, reported that his committee succeded in collecting the sum of $20.00 and that it has spent for this purpose about $8.00.

On motion the sum of $100.00 was appropriated out of the Treasury of the State Medical Association for the Walter Reed Memorial, and the committee was instructed to refund the amount collected to the donors of the same, and present its bill of expense to the Association for payment. On motion the committee was continued.

The Secretary called for action on the N. S. Davis Memorial. On motion the sum of $100.00 was unanimously voted for this memorial.

On motion the sum of $100.00 was voted for the relief of California physicians who suffered losses by the recent earthquake.

The Committee on State Journal reported as follows:

The Committee on State Medical Journal conclude that at this time we have not sufficient membership to justify the publication of a Journal.

It recommends that the House of Delegates decline Dr. Edwards' proposition to print our papers in the Virginia Medical Semi-Monthly, believing that our identity would be lost.

The committee further recommends that it be discharged and that the committee on publication be instructed to assume the duties of both committees.

H. B. STOUT,
S. L. JEPSON,
T. W. MOORE.

The report of this committee was discussed by T. L. Barber, W. C. Jamison, W. W. Golden, G. D. Lind and A. O. Flowers. On motion the floor was given to V. T. Churchman and H. B. Stout who made some remarks on the subject of the report.

On motion the following were appointed a committee to report on the report of the Secretary and the report of the Committee on Public Policy and Legislation: J. C. Irons, J. L. Dickey, J. N. Shull, T. L. Barber, W. N. Burwell, C. R. Enslow, H. R. Powell.

Dr. S. L. Jepson, Chairman of the Committee on Publication, made the report of this committee, which follows:

WHEELING, W. VA., Nov. 1, 1905.

To the West Virginia State Medical Association:

The Committee on Publication begs to report that 800 copies of the Transactions were printed at a cost of $184.80, 680 mailing envelopes were purchased for $4.50; postage stamps used by committee cost $28.50; total expeses of committee, $217.80.

Two hundred copies of the Transactions were sent to the Secretary, and nearly 600 were sent to members of the Society, to Medical Journals, medical societies in other States, etc.

It is suggested that back numbers of the Society's Transactions in the hands of the Secretary be sent to any members of the Society who may desire them, at the cost of mailing.

The committee is gratified to note the greatly improved character of the papers read in recent years, and the present volume of Transactions is certainly worthy of a place in the library of any physician.

Very Respectfully,

S. L. JEPSON,
Chairman.

L. D. WILSON,
J. L. DICKEY,
Committee.

On motion the report was accepted and the committee continued.

Dr. Barber took the floor and pleaded against the report of the committee on Medical Journal. He was followed by Drs. McMillen, Irons, Jamison, Powell and Lind, who took the same view. Dr. Lind offered to edit the Journal free for one year.

Adjourned to Friday.

Friday, 9:00 A. M.

The Secretary read the following letter from Dr. I. C. Hicks:

HURRICANE, W. VA., June 19, 1906.

Dr. W. W. Golden, Elkins, W. Va.:
Dear Doctor:

I regret very much that I can not meet with West Virginia Medical Society this time, but you can tell all the members that they have my hearty support and co-operation in anything they may see fit to offer before the next session of the legislature (of which I am chairman of the Committee on Medicine and Sanitation in the Senate.) I can see quite well why we have been so neglected heretofore, as there was never an M. D. in the Senate before. Hoping to meet you at the next session of the legislature, and that you may have a good and profitable meeting,

I am Respectfully Yours,
I. C. HICKS.

The Secretary read a letter from Dr. William Weston, Secretary of the Columbia Medical Society, of Columbia, S. C., in which he sends greetings to the West Virginia State Medical Association, and wishes to inform its members that the physicians of that State are making a vigorous fight for their rights in the matter of fees for life insurance examinations, and that the insurance companies are yielding, having signified their intention to pay the fees demanded.

Dr. Lind made a motion that the Committee on Publication be instructed to undertake to publish an Association Journal. Seconded by Dr. Jamison.

Dr. McMillen offered the following as an amendment to Dr. Lind's motion, and it was accepted: "And that the subscription price for the Journal be made one dollar per annum, payable in advance; that the same is to be paid by the members of the Association through the same channels through which they pay their dues, and from those who are not members the same is to be collected by the Committee on Publication.

Dr. Lind's resolution as amended was adopted.

(Secretary's Note.—It was understood that for the present at least the total of dues and subscription is not to exceed $2.00 per annum, and that the Committee on Publication is to discontinue the publication of the Transactions in book form.)

On motion the Committee on Publication was authorized to secure the assistance of as many

members as they may deem necessary to assist in the discharge of their duties.

Dr. Powell moved that the Secretary of each component society send a list of eligible non-members to the editor of the Journal for the purpose of distributing among them copies of the Journal. Carried.

The Secretary moved that the Committee on Publication be authorized to use their judgment on all questions pertaining to the publication of the Journal upon which no specific instructions were given at this meeting. Carried.

Delegate Linsz introduced the following resolutions:

Whereas, The State Medical Association is the sole representative of the organized medical profession of the State, and

Whereas, It is composed of educated, progressive and liberal-minded physicians, and

Whereas, The profession thus organized and growing, is now and always has been ready and willing to lend its services to the State and to every community in developing an interest in sanitary science and in putting down epidemics, limiting the spread of disease, and lessening sickness, and consequent poverty and suffering, therefore

Resolved, That it is respectfully but urgently suggested to his excellency, the governor of the State, that the greatest harmony will be secured, and the best results to the State will follow, if all members of the State Board of Health and the medical members of all other boards that may be composed in part of physicians, be chosen from the membership of the West Virginia State Medical Association. We therefore most resepectfully urge the governor to make all future medical appointments from the membership of this Association.

The resolutions were unanimously adopted with applause, and on motion the Secretary was instructed to send a copy of the resolutions to the governor of the State.

The report of the Committee on Necrology was received by mail from Dr. F. O. Covert, chairman, and referred to the Committee on Publication. On motion Dr. Howell was allowed to read the obituary of the late Dr. Late.

The committee appointed to consider the Secretary's report made the following report:

To the House of Delegataes:

Gentlemen:

(1.) We recommend that this Association pass a resolution relative to the fee for life insurance examinations, where urinalysis is required, fixing the minimum fee at not less than five dollars.

(2.) That the Association earnestly request the State Board of Health, where the local authorities fail to act, to prosecute all cases of illegal practice coming to their attention.

(3.) That the publication of honorary membership be discontinued in this Association's Transactions, and where there are aged members of the Association not belonging to a local organization, or not in reach of one, upon request of such member his dues may be remitted.

(4.) That where local societies are organized after six months of the year are passed, the fee be reduced one-half.

(5.) The action taken by the Association with regard to the publication of a State Medical Journal renders unnecessary any recommendation relative to the Virginia Semi-Monthly.

(6.) That the President appoint a committee of three to ascertain what course other medical associations pursue in relation to suits against a member being prosecuted for alleged mal-practice, aud report at the next meeting.

J. C. IRONS,
Acting Chairman.
T. L. BARBER,
J. W. SHULL,
C. R. ENSLOW,
Committee.

On motion the discussion of this report was taken up by sections.

Section 1, regarding life insurance fees, was then taken up. Several of the delegates present recited the efforts made by their respective societies in this matter. Dr. Jamison then moved that each component society be asked to pass such resolutions as have been submitted by the Kanawha County Medical Society. Carried.

The following are the resolutions of the Kanawha County Medical Society to be sent to the physicians of the state for their endorsement.

I. The following preamble and resolutions were presented for adoption at the regular meeting of the Kanawha Medical Society, June 5th, 1906, and are submitted for your approval. By votiug "yes" at the bottom of the page they will become adopted:

WHEREAS, Many of the life insurance companies have notified their medical examiners of a reduction of the examining fee from $5.00 to $3.00, and

WHEREAS, We, as physicians, realizing the responsibility incident to proper examination of the individual, believe such reduction to be unjust, therefore, be it

Resolved, That the Kanawha Medical Society, in session assembled, and the medical profession in sympathy with them, do hereby declare such reduction to be unjust, and respectfully request that no physician legally qualified to practice medicine in West Virginia accept such

reduction of fee; and, further, that any physician accepting such a reduction be guilty of a breach of professional courtesy.

Resolved, That it is the sense of this society and the members of the medical profession herein participating, that hereafter in each examination for life insurance in which urine analysis is required, the minimum fee shall be $5.00, and that when no such analysis is required the minimum fee shall be $3.00.

Resolved, That the several component societies forming this State Association be requested to adopt these resolutions.

II. That the above rates shall not apply to industrial medical inspection, without urinary analysis, for the amount of $500.00 or less.

III. That no member of this society, nor any member of the medical profession, enter into any contract or agreement with any corporation, society or association, company or individual, to examine applicants for insurance for any stated salary or lump sum, thereby evading the spirit and intent of the foregoing resolutions.

IV. That the payment of all fees shall be authorized by the home office of the society, company or corporation to which such application is made, and under no circumstances shall an examiner receive or accept any part of his fee from an agent, or any other person or corporation, unless the full fee be paid by authority of the home office.

V. That each member of this society, and of the profession hereto subscribing, pledge himself or herself, in case one of our fellow members be removed from the position of examiner for any corporation, company or society, because of this action of the medical profession, or for any cause, save that of incompetency or failure to perform his or her duty, which cause shall be communicated by such corporation or society to this society, that he or she will not accept an appointment from such a corporation or society as examiner nor make any examination for the same in West Virginia.

VI. That each member of this society and of the medical profession not as yet affiliated, bind himself or herself by a pledge of honor, as evidenced by the undersigned, to abide by these resolutions.

Vote (Yes or No).....

Signature .....

At this point, at Dr. Hood's suggestion, State Senator Fisher, of Webster Springs, was invited to make some remarks on the various legal questions discussed at this meeting. Mr. Fisher gave an able and sympathetic discourse on these various questions, and promised his support for any measure calculated to elevate the medical profession of the state and to safeguard the rights of its members, and to protect the public health. He was then invited by the president to remain and to participate in the proceedings of the meeting.

Section 2 of the committee's report, regarding illegal practitioners, was then discussed and adopted.

Section 3, regarding honorary members, was adopted without discussion.

Section 4, regarding a reduction of state dues to local societies organized after the first six months of the year, was discussed and rejected.

Section 5, containing no recommendation, was passed over.

Section 6, regarding the protection by the association of members involved in law-suits for alleged mal-practice, was then taken up, and on motion the president appointed Drs. Howell, Golden and Barber a committee to report on this matter at the next annual meeting.

Report of the Council.

After a statement by Chairman Flowers that the treasurer's report was found correct, the secretary gave the further proceedings of the council, as follows:

The council met yesterday at 11:30 a. m. in private session. Chairman Flowers presented a check for $2.00 received by the treasurer of the association from Dr. J. W. Johnston, of Clarksburg, as the latter's dues, and asked the council that the membership status of Dr. Johnston be defined. A motion carried that Dr. Johnston be informed that he can not be a member of the West Virginia State Medical Association except through a chartered county society, and that he be advised to submit an application to the Harrison County Medical Society.

A motion carried that the councilors be instructed to pay more personal attention to the harmonizing of the profession in their respective jurisdictions, to the end that the purpose of Section 6 of Chapter IV of the By-Laws be more fully realized. The section was read.

The appeal of Drs. R. E. Vickers and S. D. Price, of Huntington, from the decision of the councilors of the fifth district was then taken up. A motion was unanimously carried that Drs. Vickers and Price be informed that membership in the state association can be had only through membership in a component society. Councilors Moore and Enslow did not vote.

On motion the report of the Council was adopted.

The committee on public policy and legislation made the following recommendations:

Recommendations of the Committee on Public Policy and Legislation.

Your committee would respectfully recommend the following:

(1) That the committees on legislation of other medical societies of this state and the State Board of Health be invited to co-operate with this association in securing needed legislation.

(2) That the present Board of Health law be so amended as to clearly define "the practice of medicine," in its technical meaning, so as to embrace all who practice the "healing art," by whatever means employed.

(3) That the standard of medical education in this state, and the conditions to licensure, be so raised as to require graduation from some reputable medical school, and thereby enable the obtaining of reciprocity with other states.

(4) That section 6 of chapter 150 of the code be so amended as to fix a penalty for practicing physicians failing to report promptly, to proper authorities, all cases of contagious and infectious diseases treated by them; and for failure so to do, it shall be a misdemeanor and subject, upon conviction, to a fine not less than ten dollars ($10) nor more than fifty dollars ($50); and for second offense his license as a practicing physician in this state may be revoked; and that to the specified list of contagious and infectious diseases enumerated in said chapter, tuberculosis be added.

(5) That the State Board of Health be authorized and empowered to rescind or revoke the license of any practitioner who, by reason of his conduct, vicious habits, or mental condition, may be found a danger to the public.

(6) That a separate bill be passed under the auspices of the rules and regulations governing the sale of drugs in this state, requiring a label upon all drugs known as proprietary or patent medicines sold or offered for sale in this state, specifying the exact amount of each drug in the specified dose.

J. C. IRONS, Acting Ch'n,
J. W. SHULL,
C. R. ENSLOW,
T. L. BARBER,
Committee.

These recommendations were adopted.

The secretary read a letter from the secretary of the State Homoeopathic Medical Association in which the suggestion is made that the medical associations representing the three main schools co-operate in securing necessary medical legislation in this state.

A motion carried that the president appoint a committee of ten on public policy and legislation, and that this committee be given authority to use any reasonable amount of the association's funds for the purpose of bringing about the enactment of the approved medical legislation.

The committee on the president's address made the following report:

Report of Committee on President's Address.

Your committee hereby heartily endorse the president's suggestions concerning medical organization and reciprocity between the states and the necessity of a higher standard of preliminary education. We believe that the Department of Medicine in the West Virginia University should make known their methods and advantages to the young men contemplating the study of medicine in this state, and that the department should be represented in our association by delegates from the faculty, and thus by their presence at our meetings make known to the physicians of the state the opportunities afforded by our state institution.

Respectfully submitted,
FLEMING HOWELL,
G. D. LIND,
J. C. IRONS,
Committee.

The report was adopted.

Dr. Lind introduced the following resolution which carried unanimously:

Resolved, That this association heartily approves of the work of the Council of Chemistry and Pharmacy of the American Medical Association. Also, we most heartily approve of the work now being done by the Journal of the American Medical Association, particularly in the matter of exposing the pernicious methods of the Proprietary Association of America and the work of the nostrum maker in general.

The election of officers was then proceeded with and resulted as follows:

President—Dr. William W. Golden.
First Vice-President—Dr. V. T. Churchman.
Second Vice-President—Dr. M. F. Wright.
Third Vice-President—Dr. C. T. Smith.
Secretary—Dr. T. W. Moore.
Treasurer—Dr. T. L. Barber.

Councilors—First District, Dr. H. P. Linsz; Second District, Dr. R. H. Powell; Third District, Dr. P. A. Haley; Fourth District, Dr. W. S. Link; Fifth District, Dr. C. R. Enslow. The vacancy made in the councilorship of the fifth

district by the election of Dr. T. W. Moore to the secretaryship was filled by electing Dr. J. W. Preston.

Of the three nominations made for the office of Delegate to the American Medical Association, Drs. J. E. Cannaday and F. T. Haught were elected, Dr. Cannaday receiving the largest number of votes. (By recent action of the A. M. A. our association is eutitled to but one.)

Clarksburg, Elkins, Huntington and White Sulphur Springs were named for the next place of meeting. Huntington received the majority of votes.

Friday, 8:00 P. M., at Webster Springs Hotel.

The secretary read a letter from Dr. W. H. Sampson, secretary of the Raleigh County Medical Society, expressing regret that his society could not be represented at this meeting, and sending his society's greeting and best wishes to the association, assuring the latter that the Raleigh Couuty Medical Society is in a healthy and prosperous condition. The letter elicited loud applause.

President Wade called attention to the fact that during the year he appointed Drs. G. D. Lind, D. P. Morgan and S. L. Jepson a committee on medical education, the same to cooperate with a similar committee of the American Medical Association. Ou motion this committee was continued.

On motion the secretary's salary for services during the past year was made $200.00.

On motion the janitor of the court house was allowed $10.00 for his services.

Secretary Golden explained the desirability of creating a new office, that of assistant secretary, the same to be charged with the keeping of the minutes of the annual and other meetings of the Association, the keeping of the roll of members, and such other duties as the secretary may assign to him. He offered the following amendment to the constitution:

That Section 1 of Article IX of the constitution read as follows: "The officers of this association shall be a president, three vice-presidents, a secretary, an assistant secretary, &c."

The following resolution was passed unanimously:

Resolved, That the West Virginia Medical Association send through its secretary to Dr. V. R. Moss, of Cabell county, greeting and its best wishes for his health, long life and prosperity, and the hope that he may live to meet us yet in annual meeting for many years.

A motion carried, that the wives and lady friends of the members be invited to come out to the next meeting.

The following resolution was adopted:

Resolved, That the thanks of the Association are hereby extended to the Webster Springs Hotel Company for its many courtesies; to the city of Webster Springs for its hearty welcome; to the W. Va. Midland R. R. Co. for free transportation; to Webster County Court for the use of the court house; and to the many railroad companies for reduced rates.

The following resolution offered by Dr. Shull was adopted and referred to the committee on public policy and legislation:

Resolved, That we urge the legislature of this state to enact the following: That every school child of the age of 6 years or over, shall, on entering any free school, present to the principal or teacher of such school a certificate of successful vaccination, signed by his or her physician, and such child or pupil shall not be permitted to attend any public free school in this state until he or she has complied with the provisions of the act.

On motiou the house of delegates adjourned for 20 minutes to give the council time to organize and plan for the work of the coming year.

The council met and organized by re-electing Dr. Flowers its chairman, and each member present expressed a determination to do his full duty.

On reconvening, the floor of the house of delegates was given to Dr. J. E. Cannaday to read his report on his visit to the meeting of the Kentucy State Medical Association as a delegate from this association. The report follows:

Report of Attendance to Kentucky State Medical Association, as Delegate, October 18th-20th, 1905.

As it happened I was the only visiting doctor, hence the hospitality that should have been divided among several was heaped on your representative. I found the meeting singularly pleasant both professionally and socially. There is a noticeably small amount of professional strife among the profession of Louisville. They are a splendid body of men of which the state should well be proud.

The attendance from the country districts, while fair, was not what it should have been. The gain in inspiration, enthusiasm and new

ideas from contact is of inestimable value as compared with the cost in time and money of attending the association meetings.

The state society has an official organ, the Kentucky Medical Journal, in which the papers, discussions, etc., are published. This Journal the secretary of the society, Dr. Bullitt, believes to be of inestimable value in holding the body together, in promoting the usefulness of the society, etc.

The society is in full accord with the reorganization plan of the great American Medical Association. It is issuing its own State Journal, whose receipts are $3,365.60 and income from ads. $1,913.15. They cannot make as much by advertising as some Journals, as they restrict themselves to ethical advertising. The Journal of the society publishes mainly the papers read before the state and county societies. Soon after the reorganization the state society membership jumped to 1,286 members. Texas went from a few hundred to 2,500. Ohio has a membership of 3,000 from 800. The Kentucky State Society gets a membership fee of two dollars each from its members. Active work on the part of councilors in their districts has always been rewarded by an increased membership.

Dr. Bullitt, the secretary of the society, in a personal communication to me, says: "Previous to the present plan of organization, which went into effect in 1903, our state association had only about 400 members. We now have about 1,600, little less than 50% of the doctors in the state. The medical laws of our state, I think, are very satisfactory. The State Medical Association, through its representative, Dr. J. N. McCormack, secretary of the State Board of Health, has been able to exert a considerable influence over the cause of legislation, and we have succeeded in doing nearly all that we have attempted to do so far. The work of the councilors, wherever the councilors have been active, has always produced results."

The report was received and referred to the committee on publication with the recommendation that it be published, and Dr. Cannady was given a vote of thanks for his excellent report.

On motion the treasurer's salary for the past year was made $100.00.

On motion Dr. C. R. Enslow was made chairman of the committee of arrangements for the next annual meeting.

On motion the time for the next meeting was left to the judgment of the committee on arrangements, the president and the secretary.

The house of delegates then adjourned sine die at 10:30 p. m.

S. S. WADE, President.

WILLIAM W. GOLDEN, Secretary.

MEMBERS OF THE STATE MEDICAL ASSOCIATION.

Abel, W. C.....West Union, Doddridge Co.
Abbott, J. G.....Piedmont, Mineral Co.
Abshire, A. S.....Beckley, Raleigh Co.
Ackerman, G.....Wheeling, Ohio Co.
Albert, C. W..Falling Springs, Greenbrier Co.
Alexander, E. W.....Woodsdale, Ohio Co.
Alkire, J. P.....Everson, Marion Co.
Amick, W. E.....Glen Alum, Mingo Co.
Amos, C. F.....Mt. Clare, Harrison Co.
Andrews, A.....Martinsburg, Berkeley Co.
Arbuckle, J. A.....Elkins, Randolph Co.
Archer, W. M.....Stone Cliff, Fayette Co.
Armbrecht, E. L.....Wheeling, Ohio Co.
Arnett, C. T.....Clarksburg, Harrison Co.
Aschman, G. A.....Wheeling, Ohio Co.
Aultz, O. L.....Charleston, Kanawha Co.
Austin, Sam.....Lewisburg, Greeubrier Co.
Allen, J. J.....Wheeling, Ohio Co.
Baber, J. H.....Finlow, Fayette Co.
Baguley, H. B.....Wheeling, Ohio Co.
Baird, R. M.....Wheeling, Ohio Co.
Baker, F. L.....Burlington, Mineral Co.
Baker, J. T.....Berryburg, Barbour Co.
Baker, N. D.....Martinsburg, Berkeley Co.
Baker, O. D.....Parkersburg, Wood Co.
Banks, McRae C.....Raleigh, Raleigh Co.
Barber, T. L.....Charleston, Kanawha Co.
Barg, E.....Alpha, Doddridge Co.
Barnett, A. B.....Wheeling, Ohio Co.
Barrows, J. E.....Ravenswod, Jackson Co.
Bates, C. S.....Lumberport, Harrison Co.
Bee, A.....Cairo, Ritchie Co.
Bell, M. R.....Keyser, Mineral Co.
Bigony, J. F.....Hinton, Summers Co.
Birney, I. P.....Wheeling, Ohio Co.
Bloss, Jas. R.....Huntington, Cabell Co.
Bond, W. C. D.....Wheeling, Ohio Co.
Bond, Xenia E.....Salem, Harrison Co.
Bone, B. F.....Tunnelton, Preston Co.
Borogonia, B. K.....Keystone, McDowell Co.
Bosworth, A. S.....Elkins, Randolph Co.
Bosworth, J. W.....Philippi, Barbour Co.
Boyers, C. F. Sr.....Fairmont, Marion Co.
Boyers, C. F. Jr.....Fairmont, Marion Co.
Boyers, L. B.....Fairmont, Marion Co.
Boyers, W. F.....Fairmont, Marion Co.
Brandebury, H. A.....Huntington, Cabell Co.
Brock, L. S.....Morgantown, Monongalia Co.
Brown, H. J.....Red Jacket, Mingo Co.
Brown, Robt. L.....Parkersburg, Wood Co.
Brown, W. A.....Hambleton, Tucker Co.
Brownfield, G. H.....Fairmont, Marion Co.
Bruce, G. W.....Moundsville, Marshall Co.
Bruns, W. F.....Ceredo, Wayne Co.
Buffington, E. S.....Huntington, Cabell Co.
Bullard, R. H.....Wheeling, Ohio Co.
Burgess, T. D.....Matewan, Mingo Co.
Burke, J. A.....Crawford, Lewis Co.
Burt, A. M.....Wheeling, Ohio Co.
Burwell, W. N.....Parkersburg, Wood Co.

Bush, S. W.....Parkersburg, Wood Co.
Bush, Allen.....Morgantown, Monogalia Co.
Butt, A. P.....Albert, Tucker Co.
Best, D. B.....Wheeling, Ohio Co.
Caldwell, J. R.....Wheeling, Ohio Co.
Camden, Rolla.....Parkersburg, Wood Co.
Campbell, H. J.....Glenwood, Mason Co.
Campbell, H. M.....Parkersburg, Wood Co.
Campbell, J. A.....Wheeling, Ohio Co.
Campbell, W. C.....Wellford, Kanawha Co.
Cannaday, D. P.....Hugheston, Kanawha Co.
Cannaday, J. E.....Paint Crek, Kanawha Co.
Carbon, M. L.....Ellensboro, Ritchie Co.
Carwell, U. M.....Hendricks, Tucker Co.
Castleman, H. S....Martinsburg, Berkeley Co.
Casto, D. C.....Belleville, Wood Co.
Casto, E. C. T.....Parkersburg, Wood Co.
Chalfant, E. M....Morgantown, Monogalia Co.
Chapman, D. D.....Hurst, Lewis Co.
Chenoweth, J. F.....Simpson, Taylor Co.
Cherry, H. J.....Coketowu, Tucker Co.
Churchman, V. T.....Charleston, Kauawha Co.
Clark, L. H.....Kyle, McDowell Co.
Cobuu, L. W.....Morgantown, Monongalia Co.
Coleman, J. E.....Fayetteville, Fayette Co.
Cook, J. R.....Fairmont, Marion Co.
Cook, M. G .....Beckley, Raleigh Co.
Cook, W. E.....Algonia, McDowell Co.
Cookman, C. L.....Janelew, Harrison Co.
Cooper, F. S.....Giatto, Mercer Co.
Cooper, O. O.....Hinton, Summers Co.
Cooper, J. E.....Cameron, Marshall Co.
Copeland, C. E.....Charleston, Kanawha Co.
Coplin, D. C.....Boothsville, Marion Co.
Covert, O. F.....Moundsville, Marshall Co.
Cox, J. A.....Morgantown, Monongalia Co.
Crary, A. .....Huntingtou, Cabell Co.
Crary, H. L.....Huntingtou, Cabell Co.
Crittenden, T. B.....Whitmer, Randolph Co.
Culp, I. J.....Farmington, Marion Co.
Cummings, E. H.....:Marshville, Harrison Co.
Cunningham, J. L.....Pickens, Randolph Co.
Cure, M. D.....Weston, Lewis Co.
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Peterson—Like a top. I feel like a new man.

Doctor—How many sleeping powders did you take?

Peterson—I didn't take any. I gave a couple of them to the baby.—*London Magazine.*

The West Virginia Medical Journal

Published Bi-monthly
by
The W. Va. State Medical Association

Under the Direction
of the
Committee on Publication.

COMMITTEE ON PUBLICATION:
S. L. JEPSON, M.D., Chairman, Wheeling.
L. D. WILSON, M.D., Wheeling. J. L. DICKEY, M.D., Wheeling.
Entered as second-class matter August 10, 1906, at the Post Office at Wheeling, W. Va.

Vol. I.—No. 2. WHEELING, W. VA., OCTOBER, 1906. Subscription Price $1.00 per Year. Single Copies 20 Cents

Original Articles.

WHAT CAN THE GENERAL PRACTITIONER DO IN THE EARLY RECOGNITION AND CURE OF MENTAL DISEASE?

W. Holmes Yeakley, M.D., Davis, W.Va.*

Formerly Resident Physician to Western State Hospital for Insane, Staunton, Va.

Read at meeting of Barbour-Randolph-Tucker Society.

Mental disease appears in so many forms, is evinced by so many and so varied symptoms, that to discuss the subject very thoroughly in a single paper is next to an impossibility. I will, therefore, confine my remarks to a general summary of the more common forms of mental aberration, which the general practitioner should be prepared to recognize early, and should be able to do much toward preventing the progress of, and direct his professional skill toward curing the conditions already present.

The observant practitioner of medicine sees many a case of psychosis, during his professional life, for which he is not consulted, until it is to sit upon a commission of lunacy, or is summoned as a witness to the criminal courts, to testify as to the sanity of the prisoner. There is usually a sensitiveness on the part of parents of weak-minded children, which persuades them to keep an unhealthy silence as to any abnormal mental condition that may appear in the disposition of their offspring; and instead of seeking advice from an intelligent physician early, they are prone to put it off until it is too late for any method or amount of treatment to arrest the disease, and have at last to suffer separation from such child by having it committed to a hospital for the insane; or, what is sometimes worse, suffer the remorse of having him placed behind prison bars.

A correct classification of mental diseases is impossible, and though some classification is attempted by most of the authors of standard works on alienation, it is for the purpose of better discussion mainly, and is usually accompanied by an apology.

The number of cases of mental disease seen by the general practitioner will depend largely upon the condition of society and the standard of civilization in his locality. Densely populated cities, poverty with its inadequate and improper food supply, business rush and worry, religious enthusiasm, alcoholism, drug habits, consanguinity, want of diversion from one line of work, excessive study, syphilitic troubles, prevalence of certain forms of acute diseases, constitute some of the conditions which tend to increase the percentage of mental-disease sufferers; and the physician whose field of practice lies in that locality where one or more of the above named conditions prevail, will certainly see more cases of mental abnormalities than his brother practitioner whose work is in the more favored communities. In England there is one insane person to every three hundred of the population, and it is equally as bad in many of our own states.

It would be much easier to speak in general of the conditions which would lead us to make a diagnosis of mental disease, rather

* Dr. Yeakley has recently removed to Harrisonburg, Va.

than attempt the difficult task of exactly defining it, and in the more recent works on psychiatry, a definition is often not given. But the title of this paper would seem to make it incumbent upon me to attempt some definition for mental disease; more particularly a differentiation between the medically insane and the legally insane. A definition which would probably satisfy us from a medical standpoint, would be as follows: A more or less prolonged departure from one's normal way of thinking and acting, usually accompanied by delusions, hallucinations and confusions, due to disease of the brain. This does not include the degenerative types of insanity.

The courts recognize insanity in a broader sense, and have established the fact of insanity in cases which were not considered medically insane. The term "of unsound mind" is used by the courts, and is obviously much broader in its scope than that embraced by the medical definition given above. They try to establish whether or not the prisoner knew the quality and nature of the act—whether he believed the act was wrong, and whether he was impelled by stress of some abnormal condition of the brain at the time the act was committed. "The modern acceptance of the doctrine of criminal responsibility may be summed up as follows: 'Was the person whose act is in question able to understand its nature and to pass a fairly rational judgment on its consequences to himself and others, and was he a free agent as far as that act was concerned?'" Ignorance of the law excuses no man, but there are a few persons who know the nature and quality of an act to be wrong, but are driven by imperative ideas so far as not to be free agents. It is hard in a general way to draw a sharp line of demarkation between the sane and the insane mind. For instance, we would not call the negro insane who believes he can safely plug the spirit of a deceased foe in a hole bored into a tree, and will, therefore, be free from sickness and "hants" as long as the plug remains secure; but such a belief in the educated white man no one will doubt would be prima facie evidence of insanity; and we would not consider it abnormal in the nervous and impulsive man to be extremely demonstrative over a particular expression made which seemed to strike his fancy; but similar manifestations on the part of the even tempered man would arouse suspicion as to his mental equilibrium.

The doctor is often called to pass judgment upon those with defective mental organization, and only in the case of the high-class idiot is such a decision difficult.

In the examination of all cases, we should look carefully for physical deformities. In addition to the contour of the cranium, some of the more important marks of degeneration are the crumpled ear, absence of the lobes, the position of the ear to the head; the arched palate, projecting teeth, faulty articulation, clubbed fingers, the "crazy walk," etc.

In considering the early general symptomatology of mental aberration, because of its relative importance to the general practitioner, I have chosen to take up briefly insanities of childhood later.

In making the first examination of all cases of psychoneuroses, we should learn in what way the patient has changed. Has cheerfulness changed to melancholia, neatness given place to slovenliness, the sober suddenly become alcoholic, the miser developed into a spendthrift, the even tempered man given way to sudden outbursts of anger; has the imagination become dull, perception faulty, does the patient answer questions sluggishly, have there developed morbid fears, are there present any of the cardinal symptoms of insanity—delusions, hallucinations and confusions? The delusions may be fixed or evanescent. In short, a thorough examination should be made of the patient's present condition, his past history from the cradle to the present time, and his family history carefully studied through the last three generations; for it is a peculiar fact that mental disease will often miss one generation and appear in the next with unabated severity. It is hard to tell just what part heredity plays in the etiology of insanity. It has been variously estimated at from sixteen to forty per cent., but my own experience with the insane leads me to believe that a much larger percentage than the maximum given may be directly or indirectly traced to heredity.

A careful analysis should always be made of the urine, because it often acts as a valuable guide to some of the most important forms of neuroses. In acute manias, for instance, the amount is diminished, the salts are increased, albuminuria present,

which may be unaccompanied by any kidney lesion.

Valuable symptoms may often be found in the disturbance of the motor system. Increased or diminished tendon reflexes, ptosis, corrugation of the brow, atrophy of the small muscles of the mouth, and peculiarity of the gait. Spastic contraction of single muscles or groups of muscles, in the absence of trauma, is strongly indicative of approaching organic disease of the brain.

The sensory system comes in for its share of disturbance, and is manifest in a number of psychoses. The hyperesthesias are of more importance to us than the anesthesias, as the latter occur in the late stages of insanity, and are not the cause of so much anxiety on the part of the patient. Hyperesthesias of the nerves of special sense are frequent accompaniments in the early stages of mania, hysteria, and alcoholism. Abnormal acuteness of sight and hearing lead to many false perceptions, and often drive the victims to acts of violence, by fallacies of perception being perverted by a cloudy intelligence into acts of persecution by former friends or their agents. Peripheral neuralgias are frequent in the depressed, and add intensity to their painful delusions.

Some vaso-motor disturbance is usually present, and is especially marked in melancholia, paresis, as shown in the small slow pulse, dry skin, fragile nails and dead-looking hair.

The examiner should ever keep in mind the fact that he is not dealing with a destroyed but perverted mentality, and should avoid all comparisons with sane individuals. Every case of mental disease will be complex or simple as the patient is educated or uneducated. We would not expect to find in the perverted mentality of the uneducated farmer, whose knowledge of the world and its works was confined to the growth of his crops and domestic animals, the occasional reading of a weekly newspaper, with a chapter from the Bible thrown in on Sunday, as complex and varied delusions as we would look for in the educated man, whose life had been broadened by study and travel. It is not infrequently the case that the examining physician finds it difficult to discover the particular channel through which the perverted mind is straying; and only after persistent questioning, and many methods of attack tried, will he sometimes be able to find the special form of mental weakness. I recollect well one case, examined by a specialist, who succeeded in concealing every evidence of insanity through a most severe examination for probably thirty minutes; but at last when he was addressed as "Jesus," he responded, "I am He"—which subsequent examination proved to be a fixed delusion and the man was unmistakably insane.

The insanities of childhood and puberty are of the degenerative and inherited types, and though they are not of common occurrence, it can be safely said they are of the greatest importance to the general practitioner, for in these cases he can probably accomplish more good than in any other department of psychiatry. Far too little attention has been given to the care and protection of this class of psychoses by both the medical profession and the state. By wise legislation and diligence on the part of the doctor, many cases of permanent mental breakdown could be prevented. Rarely is mental disease seen in the very young children except in the purely degenerative type—idiocy and imbecility. But we have all observed the child who before puberty gave promise of becoming a bright, intelligent adult. He learned rapidly, was interested in all the sports which make the life of the normal boy so full; but as puberty came on would show signs of mental weakness as if the body were growing at the expense of the brain—"the over-grown boy." He becomes sluggish in learning and seems to have lost all interest in his surroundings. He is especially dull in mathematics and those branches which require study in the abstract. Instead of being able to take a prominent place in the world, as he had given promise, he is fitted only for some subordinate position. Dr. Burr believes we are all a little crazy at this period of life, but that the children born of good healthy stock soon overcome the weakness and go on to the development of excellent manhood, while those who are born with the stigma upon them from weak or diseased parents, show at this time the primary symptoms which will result later in permanent mental breakdown—the chronic manias and dementias so often developing in the mentally weak. It is not uncommon to find among negroes the brightest children at three to six years of age, but one only has to observe them through three or four

years of growth to see clearly the mental decline, and often the development of the most animal-like and vicious natures.

Another type not infrequently seen at this age is that characterized by marked egotism—the boy paranoiac. He dreams a great deal of his future greatness, is prematurely logical, believes he is entitled to the first place, intellectually and socially, among his associates, is subject to violent outbursts of anger on the slightest provocation, is peevish under restraint, reads a great deal, but learns little, is probably the victim of sickening or vicious sexual desires. In short, he is the boy in the community with but little moral sense. This condition continues, and when he is forced by society to take the place in which he belongs, he becomes very irritable, and his belief in his own superior powers is strengthened instead of weakened; and he is convinced that by reason of his greatness he is being persecuted, and in this condition he is likely to look with suspicion upon every kindness shown him by friends and relatives. If such a boy escapes killing, or confinement in some house of correction, before he passes this critical period of his life, he will more than likely become one of the troublesome paranoiacs found in all hospitals for the insane.

The observant school teacher knows more about the mental capacity and stability of the children of the community than does the average doctor, and it would be a wise statute that would provide in the course of study in the state normals for a thorough course in mental disease, or require a careful inspection by a competent physician to be made once a month during each school term as to the progress and capacity of all school children; and the development of the first symptom of any psychopathic condition should be just grounds for placing such a child under the proper treatment.

What may be done in the way of treatment of mental disease by the general practitioner will follow, under the headings of: 1st, Preventive; 2nd, Private Home; 3rd, Dietetic; 4th, Medicinal; 5th, Surgical; 6th, Hydrotherapeutic; 7th, Electrotherapeutic; 8th, Moral; 9th, Special Treatment of the Young.

Preventive:—Under our present system of break-neck-speed civilization, the overcrowded and unsanitary condition of parts of some of our large cities, and the looseness of our organic state laws, insanity is increasing at a considerable rate. Almost annually the states are compelled to provide more room, and make increased appropriations for the proper care of the insane and weak minded. Would it not be wise to appropriate something to be used in an effort to prevent these conditions? It may be that the time has come when congress or the state legislatures should pass more stringent marriage laws, prohibiting the marrying of those with marked hereditary weakness in both contracting parties, alcoholics, syphilitics, epileptics and idiots; for certain it is that the children of such parents can never themselves enjoy the happiness of life, and must almost certainly end their existence in some of the institutions maintained by taxation. As long as the laws governing marriage throw down the bars that all may enter who wish, there will be those to marry who could by all the laws of nature but bring into the world mental monstrosities, to add to the already increasing numbers who fill our insane institutions and homes for the incurables, and multiply many times the criminal list of our country.

These are questions which invite the attention of every physician and every one else interested at all in our social and political well-being.

Every student of medicine should be required to make a more thorough study of psychiatry, by the medical colleges making it one of their major branches, and the State Examining Boards should require a much more rigid examination in this department of medicine. It is the duty of every physician to keep a sharp lookout for every psychopathic condition that may develop in any member of the families within his practice, and to teach the people to look upon all abnormal mental conditions with the same degree of anxiety they have been taught to show about acute febrile conditions. It is undoubtedly true that there is a great field for preventive medicine in psychiatry, and as yet it is receiving comparatively little attention.

Treatment in Private Homes:—This may be done with good results in many cases of psychoneuroses when it is begun in time, and it is possible to have the constant help of an intelligent nurse, and keep your patient from the influence of too sympathetic friends and relatives. Unless it is possible

to have this support, the doctor will regret many times that his patient was not sent to an asylum. The types of mental disease which can probably be best cared for at home are the simpler forms of melancholia, confusional, post febrile and puerperal insanities and acute deliriums. It is important to secure a certain amount of isolation, in dry, well ventilated quarters, and give the patient the benefit of plenty of fresh air, sun-light and exercise, by being persuaded if possible, forced if necessary, to take daily walks or drives. The home treatment can be employed very satisfactorily in the fairly well-to-do and wealthy families. The results obtained are often good, and the family are saved the unpleasant notoriety incident to a warrant in lunacy, and the holding of the commission; but among the poor, where competent nursing and favorable rooms cannot be had, the patient, family, and physician will fare better if the case is sent to a hospital, and this should be done as soon as the symptoms justify a warrant.

Dietetic: The feeding in mental disease is one of the most difficult problems connected with the treatment, and one which, if properly managed, will result in most good to the patient. The reduction of the vital forces in the insane is often alarming, the starvation breath being observed sometimes when the patient seems to be consuming plenty of nourishing food. Milk, raw eggs and fruit, in season, probably furnish the best diet. They should be given in sufficient quantities, and prepared in the way most agreeable to the patient. Usually, though often only after a good deal of persuasion, these patients will eat enough, yet it is at times necessary to use "forced feeding." In some cases of sudden inanition free subcutaneous injections of normal salt solution may be demanded to tide the case over the critical state, and until the system can be supplied with food.

Medicinal:—As in all diseases where there is no specific drug recognized, those recommended include a large number found in the materia medica. Supportive and tonic medications are most to be relied upon. Iron, quinine, strychnine, hypophosphites, iodides, mercury, and arsenic desserve prominent mention. The insomnias and excited conditions which will not respond to baths, sunlight, and fresh air, may be overcome by the administration of some of the hypnotics and motor depressants—chloral, the bromides, sulfonal, trional, etc., but these should never be continued for any great length of time. In my own experience I have found trional the most desirable of all the hypnotics. In the very excited conditions hyocine hydrobromate may be given in small doses cautiously. It is not a hypnotic, but a powerful motor depressant, and due to the marked depression a short period of sleep will usually follow its administration. The drugs employed will depend largely upon the causative factors discovered in the case. It is good practice, on account of the tendency to jaundice in the insane, to begin any form of treatment with a free calomel purge.

Surgical:—In the light of present knowledge of mental disease and the improved surgical technique, surgery has its part in the treatment, and will sometimes result in the cure of those cases of aberration due to intracranial pressure. We should not hesitate at trephining in cases of mental disease following fracture of the skull, or in those cases in which the symptoms would lead us to suspect brain tumors.

Moral:—By this is meant all that can be done to divert the patient's thoughts from the scene of his delusions and persecutions. This part of the treatment is best administered by the attending physician and nurses. A complete isolation of the insane is not wise in most cases; a certain amount of friendly intercourse serving many times to direct the mind from morbid broodings. It is of prime importance that the physician should have the confidence of his patient, and that his stronger will should control the mind of the weaker. It is of next importance to make a good selection of agreeable and intelligent nurses, and with the combined efforts of physician and nurse, the sufferer may be more easily persuaded to carry out in full the instructions given by the physician. It requires considerable thought and good judgment in providing proper amusements and exercise for these conditions. Out-door entertainments are best, but during the winter season in-door games serve as good therapeutic agents. None of the exercises and amusements should be pushed to the point of fatigue, but be given in doses just strong enough to produce healthy impressions, and these recreations must be prescribed to meet the demands of each individual case. It would be alike unwise to place a Bible in the

hands of a man with religious delusions, and a rope in the hands of a suicide.

Hydrotherapeutic:—Some of the insane hospitals have in recent years been equipped with apparatus for giving the different baths, and the system has a warm advocate in Dr. Kellogg. The hot bath, 100 to 110 Fahr., he says, has a better effect than the cold, in that it stimulates the vaso-dilators, and has a much more quieting effect in maniacal excitement. This form of treatment, however, must be confined to the institutions, as it is too expensive, and could not well be used by the physician in general practice.

Electrotherapeutic:—Like the water treatment, on account of the expense and the difficulty of applying it in private homes, its use must be largely confined to the hospitals, and is not of much interest to the general practitioner.

Special Treatment for Children:—Something has already been said about the care of the insane at puberty. What remains of the special treatment of mental disease in the young must be largely preventive, as the general treatment could not be different from that applicable to the grown man or woman. The diet of mental weaklings should be most carefully guided. These little ones, born of weak-minded parents, or of parents whose ancestors were insane, come into the world with the stamp of mental weakness upon them, and unhealthful surroundings, improper food, injudicious schooling, or unfavorable climatic conditions may be all that is needed to develop in early life some incurable form of psychosis. The physician into whose care such children may be committed, will meet with many a rebuff in performing his professional duty, but he should see that a good systematic treatment be started in early childhood and continued until a healthy puberty or adolescence is passed. The diet should be simple, light and nutritious. For the first two or three years, exclusive milk diet is the best; then eggs, a little wheat, meat, fruits, whole wheat gruel, spinach, etc., may be allowed sparingly. There is not much danger of too little feeding at this age. All condiments should be absolutely withheld; sugar should be allowed in very small quantities; water should be given freely. When such children live in towns or cities, they should be sent, whenever it is possible, to the country, and there be brought up on the farm, where fresh milk, free air, pure water, and out-door exercise are the order of the day. The question of education is a very important one. Ignorance is a curse to civilization, but insanity is more to be dreaded. But a little time given to study, under healthful conditions, may be the means of preventing either ignorance or insanity among these weak-minded children. Two hours a day in study, in a youth over ten years of age, would probably result in no harm; but if any untoward symptoms should arise, even that should be prohibited. These children often need medical treatment. Iron, manganese, cod liver oil, and other tonic medication may give happy results in those who show symptoms of anæmia. Hypnotics and depressants are rarely required. When they are, potassium bromide and trional are the best.

I would advise every physician who is not the possessor of Henry J. Berkley's Treatise on Mental Diseases to secure one. In it we have a treasure of practical information upon this interesting and important subject, and it will certainly prove valuable to the general practitioner who will take time to consider it.

THE VALUE OF UNION IN THE MEDICAL PROFESSION—HOW REMEDY THE DEFECTS OF ORGANIZATION.

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Read at the Annual Meeting of the State Medical Association, June 21st, 1906.

"Random Remarks" might have been a more appropriate title for this paper, but the need of a firmer medical union has been so impressed upon me for several years that this subject will be the main idea considered.

The tendency in our annual meetings is to discuss scientific subjects and fine spun theories as to the best way of treating disease and operating for appendicitis, gall stones, and doing hysterectomies and a multitude of other operations, and while all this is good and proper, yet there is another vital question that has been neglected and has not received the attention which it deserves. Sacred writ says: "If any provideth not for his own, especially his own household, he hath denied the faith and is

worse than an infidel." This likewise is true in reference to the medical profession. If we go on and pay attention to the strictly professional side only and neglect the ethical, financial and other vital features that so closely concern us as a profession, we also are worse than infidels. In our annual meetings or family gatherings, we should discuss anything and all things that will tend to better our condition. At times we should lose sight of the strictly scientific features of our profession and look to other matters.

Some time since, I wrote to our secretary, Dr. Golden, and also to Dr. Barbee, secretary of the State Board of Health, to inquire as to the number of members in our association as well as the number of legalized practitioners in the state, and upon comparison and after making due allowance for deaths and removals, it would seem as though there is not more than one-fourth* of the medical profession of the state that are members of our association, a woful discrepancy, as you see. If we judge the future by the past, we shall be nearing the millennial dawn before we have even a majority of the profession as members of our association.

Year after year, a few members of our association have been meeting in various sections of the state, thus giving all a chance to become members and to help further the common interests of us all, but how meager is the attendance as compared to what it should be!

To illustrate the slowness of the medical profession to organize and work in harmony and unison, I will mention about having read some time since in the Journal of the American Medical Association about the State Medical Society of Pennsylvania sending a representative throughout the state to ascertain the condition of the profession throughout its different sections; and his report showed that comparatively large sections of the state were without organization, each one working out his own ideas separately, some of them not at all commendable nor according to the code of ethics. In some sections the profession was divided into factions and discord was prevalent, commissions were given by some for being called into consultation by others.

Dr. McCormack, who was commissioned by the A. M. A. to travel throughout the United States to assist in organizing the profession, reports encouragingly from some states and portions of states, yet he has the same tale to tell of discord and in some instances of open antagonism to union from many localities. In one of our western states the members of a county medical society were opposed by the local prosecuting attorney who claimed that the medical profession had formed a trust, but after a vigorous opposition and prosecution to no effect, he finally saw the futility of his efforts. The criticisms hurled at us through the magazines and daily press will only serve to strengthen us in years to come. Only recently, a periodical made the statement that the physicians of the country had formed a gigantic combine to the detriment of the public in general. After recounting the fact that the profession had gone on for years and in some instances for centuries, it went on to say that it caught the inspiration from the prevailing spirit which obtains in the business world, and suddenly united into a compact or trust for mercenary purposes.

Now, we all know that we have had a half-hearted organization over the country at large for many years, but we have failed to reach in an effective way many able and worthy men of the profession who should be among our number. There is too much fatalism in the world socially, politically, religiously and even medically. We are too much inclined to think that "whatever is is right." If our fathers voted a certain ticket, we are likely to do so; if they believed a particular religious doctrine, we are almost sure to do likewise.

If these conditions obtain socially and religiously, they exist to a like degree in the realm of medicine. We have been content for ages past to think that medical affairs were going on properly and satisfactorily, and about as well as they might. The trouble with us has been that we have not done enough good solid thinking on the subject. We have worshipped too much at the shrine of fatalism. We lose sight of the fact that we can modify our conditions and circumstances. We are the architects of our own fortunes.

What a slow process of evolution from superstition and ignorance has characterized the medical profession from time immemorial to the present day! The Darwin theory of the survival of the fittest is scarcely more slow. Demosthenes was an

* About one third.—Editor.

example of one of the most unpromising aspirants for oratory that ever graced the stage. The ridicule with which he was met for his stammering utterances and ungraceful gestures upon the stage, only served to spur him on to overcome these defects. To enable him to declaim in a noisy assembly, he practiced upon the seashore among the tumultuous waves. To overcome his stammering, he recited with pebbles in his mouth, and by these means he attained to such a degree of perfection in his vocation that to this day his name is a synonym for oratory.

Genius alone does not triumph, but it must be stirred into action. We may be ever so intelligent and accomplished, but if we lack energy and remain inactive, we accomplish but little. Success comes from a life which is controlled by some mighty purpose and that does not yield to trifles. He who knows what he wants and strives for it, is the one who gets it. One does not happen to be successful, but he has to put forth an effort. The medical profession will never happen to be organized without its members desiring organization and earnestly working to that end. To determine how we can best accomplish this, is the object of this paper.

Ten thousand intelligent men drifting with the tide but unorganized, would not and could not accomplish nearly so much as a small band of men firmly cemented together in union and working for a common purpose. We should have some object in view, even if partly erroneous, rather than have no object at all. The all absorbing thought that was burning in the heart of Columbus for years, was to sail westward and reach the East Indies, but though unsuccessful in this, he did a far greater deed by discovering the western world. I do not believe that our association is doing all that it might do for the profession, for the reason that a large per cent of the physicians of the state are indifferent, and do not become members and thus allow it to be of material benefit to them. It is no fault of the association, but of the profession itself.

The medical hermit or recluse is necessarily narrow-minded and self-sufficient, and because he has found out a few things, he is apt to imagine that he knows about all there is to know about the practice of medicine; but after he has rubbed up against other medical men, he soon changes his mind and finally comes to the conclusion that the finite mind, let it be ever so alert and inquiring, can never comprehend all that pertains to the practice of medicine. A Roman physician exclaimed two thousand years ago that there seemed to be nothing left for the future physician to discover, but we all know that the most important medical and surgical progress and discoveries have been made since that time, and many more are to follow, and no doubt that progress will be made until the end of time. There are a great many questions to be solved and discoveries to be made along the line of therapeutics, physiology, surgery and other kindred subjects.

We should meet together frequently and discuss matters of interest professionally, financially, socially or otherwise. I have been practicing medicine twenty years, and have come in contact with some of the best medical and surgical men in this country as well as in Europe, and the more that I mix with them, the more I am convinced of the boundless expanse of the subject.

Why does not some one write a paper and explain some of the following subjects: Mental telepathy; adaptation in marriage; why are nearly all of the children born at certain times of one sex and at other times of the opposite sex; why at times do so many obstetrical cases come close together, and at other times long intervals intervene without any?

Many other extremely interesting subjects might be mentioned. If we do not discuss these vital questions in our annual family gatherings, where or when can we talk them over?

So many things of importance should come up at these meetings that I scarcely know where to begin nor where to end.

There is one branch of medicine that has been very much neglected, and that is mental healing, or in other words, the effect of the mind in curing disease. This neglect upon the part of the physician has given rise to numerous fads, sects and systems of healing, some of which are without the aid of the physician, and each and every one of them has a grain of truth in it.

Journals, magazines and different periodicals are published regularly, many of which advocate that the physician is not only useless, but furthermore that he is an impostor and therefore an evil. Many of

these publications claim to have made discoveries that the medical profession never so much as dreamed of, and to have reached to attainments similar to the sentiments expressed by the poet when he said:

"The heights by great men reached and kept
Were not attained by sudden flight,
But they while their companions slept
Were toiling upward in the night."

One of the most annoying nuisances with which the physician has to contend, is the great number of traveling drug salesmen that come around nearly every day, and some days three or four come in to take up the physician's time. Some of them are so persistent that you can scarcely get rid of them by treating them with enough courtesy to retain your self respect.

The drug business must be very profitable, or else there would not be so many firms sending out such an array of salesmen to exploit their goods to the great annoyance and loss of time of the physician. I would be in favor of sending a petition to the firms or drug houses that send their men around so often to distribute samples and take orders, to either send them around less frequently or stop it altogether. This practice will continue and no doubt will increase just so long as we submit to it. Instead of having the expense of maintaining these salesmen, they could make better prices to the physicians who dispense, and let them order by mail.

The profession of today is neglecting to an alarming degree the art of prescribing, and of studying the properties of valuable remedies found in the materia medica, and depend too much upon the manufacturers of pharmaceutical products to compound and dictate to them the remedies and combinations of remedies for them to use; some, of course, are valuable, and some are not, but are exploited for mercenary purposes only. And where is this to end?

Instead of getting better, things are getting worse, and we are becoming effeminate in our ability to prescribe, as a result of depending upon others and not cultivating the habit of prescribing and combining remedies as intelligent and capable practitioners should do. Pharmacists sometimes boast that physicians do not know what is in the products which they manufacture.

Another detriment to our profession is that in nearly all communities there are spread-eagle physicians, who wish to make a display before the public of the immensity of their practice, and on every occasion they exploit the idea that they work day and night, and that one of their greatest hardships is to take care of the money that flows in so rapidly that they scarcely have the time to carry it to the bank for safe keeping.

We have known men of this type, and some of them tell their patients the amount they make per day. This is one of the things that keeps the profession overcrowded by causing a false belief to be spread broadcast that the practice of medicine is very remunerative and is a quick way to become wealthy. In consequence of the fact that the average income of the physicians of the country at large is less than five hundred dollars per year, and that things have come to such a crisis in some countries, the medical societies in Germany have had printed circulars scattered among the students in the colleges and universities throughout the Empire, advising them not to adopt the practice of medicine as a profession.

Reduction in fees for life insurance examinations is another injustice which the profession is called upon to bear. After the close investigation given the leading insurance companies recently, they wanted to make a showing of economy, and they knew full well that the medical examiner would be the one most likely to submit, notwithstanding the fact that he is the most intelligent factor that counts for the success of these strongest of the strong financial institutions of the land, also notwithstanding the fact that the fees heretofore paid were very moderate considering the importance of the service rendered.

No doubt that all of the examiners present have received circular letters informing them that the fees have been reduced from five dollars to three dollars for examinations for policies below three thousand dollars, and we all know that the greater number of policies are below this sum. These letters take great pains to state that the examiner is expected to exercise the same care for examinations for these small policies as though they were for large sums. The companies maintain that this is for the purpose of economy and for the

benefit of the policy-holder, but I have been informed that there has not been any reduction in the premiums which the policy-holder pays.

Now friends, how are we to help this so long as we are not completely organized? We find in all communities physicians who are not members of a medical society, and who will gladly make examinations for these small sums if the regular examiners refuse to submit to the imposition. In some states and portions of Canada, the profession is so well organized that it has notified the companies that no examinations will be made for less than five dollars, and when we are effectively organized, we can do likewise. I have sometimes thought that it should be made compulsory upon the physician to unite with a medical society and be governed by its rules, and then we can control these matters.

I do not wish to be considered a pessimist, but I feel free to say that we can make our condition more pleasant if we will. This is easily verified by practicing in localities where the profession is best working in unison and where medical societies are appreciated, and where they stand for something that is real. Are we living for ourselves alone in seeking to obtain practice by any method which we may devise, or do we ever have in view the future welfare of our followers in the healing art? We should leave the practice of medicine in our several communities better than we found it.

We often complain of the people not having the feeling and respect for their family physician which they formerly had, but instead that they go from one to another, and that the bond of union no longer exists which Seneca, the old Roman, so feelingly expressed when he said in speaking of his physician, "Such an one is not merely a doctor but a friend, and although I may pay his fees, I shall always be his debtor, the debt of the heart remains undischarged." Such a debt of gratitude as this is not so frequently found today as formerly.

We should have enough professional pride to have for our motto: "Whatsoever ye would that men should do to you, do ye even so to them."

I sometimes think that we act as though we are afraid of each other: that we imagine that some possess all knowledge and that we feel like Job when he said in derision of his comforters, "No doubt ye are the people and wisdom shall die with you," but we should not feel this way toward each other as the wisest and brightest lights in the profession have only made a small start toward attaining knowledge.

Outside of asepsis, anesthesia, vaccination, X-rays and a few other discoveries, the medical profession has not advanced so rapidly as a great many are wont to believe, when we remember that 460 years before Christ, Hippocrates operated for stone, used obstetrical forceps, trephined the skull and did a number of other important operations. Celsus 150 years before Christ operated for cataract and harelip, also did lithotomies. Antyllus 340 A. D., performed tracheotomy, tied aneurism and operated for hydrocele by incision.

It has been said that he is a public benefactor that can make two blades of grass grow where formerly only one grew, and this saying would apply well to him who mitigates the hardships and deprivations of the physician.

The signs of the times seem hopeful for a better type of manhood. Deeper investigation, conscientious action and men in authority in all nations and climes are striving to make the world better, and individual interests are giving away to the good of the masses in general.

Is the medical profession to come trailing along behind the band wagon of advanced thought in justice and right among and between its members and mankind in general?

If such men as Carnegie, Rockefeller and Armour and other millionaires have found out that it is more blessed to give than to receive, should not our profession try to help along in all good works that tend to the betterment of its condition? While the average physician does not possess much silver and gold, yet he can many times give that which is equally helpful, viz: His moral influence in bringing about needed reforms and in all things he should live up to the tenets of the Hippocratic oath.

The question is often asked, "Does it pay to practice medicine," but we all know that if the same amount of energy were expended by the average physician in many other callings besides practicing medicine, the financial returns would be far greater.

What then is the solution of the question and the way out of many difficulties? The answer is in union. Union, that magic word that enabled that little Spartan band to cope with the mighty Persian host. It was union that made Rome, which sat on her seven hills, mighty enough to rule the world. Union and devotion to its leader made the followers of Napoleon the terror of all Europe and his name to be revered for centuries to come. Doubly well exemplified is union when the thirteen American colonies banded together under such leaders as Adams, Washington and Jefferson, with such sentiments as those expressed in the immortal Declaration of Independence as their guide. Only recently have we seen the power of union shown whereby that little and almost heathen nation of Japan was a conqueror over so large an antagonist.

If these examples of union exemplify anything, it is that in union there is strength, and the sooner we as a profession find this out and act accordingly, the greater the benefit we shall derive from it. Our ideas will be more lofty, our regard for each other will be greater and instead of being envious of each other, we shall be more in unison and in harmony, and when we need medical legislation we shall be in a position to bring forces to bear that will insure it, and when our annual meetings come around we shall go with pleasure up from the West Virginia hills and valleys like the Israelite of old when he made his annual pilgrimage.

We need a medical Moses to lead us out of the wilderness of indifference and inaction. Such a leader seems to be appearing in the form of the American Medical Association, and we should fall in line and pass through the sea of opposition which will recoil on each side as did the Red Sea of old.

We may not always be enabled to see the cloud by day or the pillar of fire by night, but by following our leaders, we may rest assured that we shall be led out of many difficulties as formidable as Egyptian bondage. Though we may be besieged on every side by faith healers, Dowieites, Eddyites, magnetic healers and various other opposing forces, yet truth and merit always have prevailed, though sometimes downtrodden, and it will not fail us this time. An united profession with a common interest is what we need and is what we must have.

I would recommend that a circular be printed enumerating the advantages of union, and the good that our association has accomplished in the past in various ways, notwithstanding the indifference of the profession at large, this circular to be mailed by our secretary to each member of the medical profession in the state who does not belong to our association. This circular to be accompanied by a personal letter soliciting membership in our association. So long as we rely upon a general invitation directed to all and to no one in particular, the result will be slow and unsatisfactory. If they will not come in by bidding, we should adopt the method recorded in sacred history in regard to the wedding feast by sending special and individual solicitations to each one in the state. If after a thorough trial this means is not satisfactory, I would advise sending a good man over the state to organize it.

These suggestions are offered as they occurred to me, and as the best way out of the difficulty. If a better way can be thought of, we should adopt it.

We may suggest, supplicate and resolve that the brethren should unite with us, but if we stop at this ,the result will be as it always has been. Let us meet together and become better acquainted, and we can discover each other's strong points, likewise his weak ones. You can benefit me in many ways, and perhaps I can render you a small service in a few.

We need not expect the plaudits of the world like those bestowed upon Dewey, Schley, Sampson or Hobson, but we must be content silently to labor on and know that virtue is its own reward.

Full many a gem of purest ray serene
The dark unfathomed caves of ocean bear,
Full many a flower is born to blush unseen,
And waste its sweetness on the desert air.

In post-operative collapse if, after studying the symptoms, there be any doubt whether the condition be due to shock or to concealed hemorrhage, the wound should be opened and bleeding sought for.—*American Journal of Surgery.*

The use of any considerable quantity of iodoformized gauze in the vagina involves the risk of a severe dermatitis of the vulva. —*American Journal of Surgery.*

RECENT SURGICAL OPERATIONS.

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Read at Annual Meeting of State Medical Association, June 22d, 1906.

I hope that a brief review of the surgical operations done by me at the New Franklin Square hospital during the first five months of its existence may prove of sufficient interest to claim for a short time the attention of this society.

APPENDECTOMIES.

These number twenty-six. Eighteen were primarily done for diseases of the appendix, while eight were done during laparotomies for other causes. Of the eighteen cases, eight were recurrent cases done during the interval. Four were simple acute cases done during the attack. Two were gangrenous and four were associated with abscess formation.

Case III.—White male, April 25th. Referred to me by Dr. J. H. Harrison with the history of repeated attacks of appendicitis.

Examination showed tenderness at McBurney's point and also a large lump deep down at this point. Under an anesthetic the lump was found to be movable, smooth and oval in shape. We decided this could not be an inflamed mass around the appendix. The question of misplaced kidney was thought of, but examination showed the right kidney in its normal place. The only other thing considered was an enlarged mesenteric gland or an accessory kidney. Operation showed a thickened appendix with scar tissue and adhesions. This was removed and the large mass was more carefully examined. It was found to be about three inches long, one and a half inches broad. It was dark in color and was located behind the posterior layer of peritoneum. From its position and shape it was thought to be an accessory kidney. This opinion was verified by an incision through the peritoneum when the appearance of kidney substance was unmistakable. It was like a normal kidney in every respect except size. The pelvis could be distinctly felt, but the ureter could not be traced through the opening we had made. We were unable to tell whether the ureter joined the one from the normal right kidney or ran separately to the bladder. The right kidney could be palpated in its normal position through the wound. External examination indicated that the left kidney was in its normal position.

Case X.—Mrs. A. White, age 32 years, had a cyst of right ovary the size of a small orange containing dark colored fluid. This was removed. On examining the cecum a mass oval in form, an inch broad, one and one-quarter inches long and half an inch thick was found. This was thought from its indurated condition to be malignant. Its surface was covered by peritoneum continuous with the peritoneal coat of the bowel. We searched in vain for any sign of the appendix. For more careful study of the mass a small incision was made into it. This revealed the appendix curled on itself, and surrounded by inflammatory exudate. The appendix was about three inches long and was entirely subperitoneal. Only a few cases of this kind have been reported.

Of these gangrenous cases one, case six of the series, occurred in Mr. N., age 22 years, white. He had suffered from pain in right inguinal region at times for several years, but not of sufficient severity to consult a physician.

During the night of March 18th, 1906, he was seized with severe pain in right side. Dr. L. E. Beach saw him on March 19th, a. m., pronounced his case appendicitis and sent him to the Franklin Square hospital. When I saw him at 5 p. m. his temperature was nearly normal, but he had a rapid, weak pulse, great pain in his right iliac region, and symptoms of shock. Immediate operation was recommended and the patient was prepared at once. The appendix was greatly swollen and was gangrenous near its tip. It contained a large fecal concretion. There was beginning general peritonitis. The wound was left open and a well-shaped drain was arranged. Secondary suture ten days later. A perfect recovery.

Case IV.—S. M. White male, April 12th, 1906. Admitted March 16th, 1906. I first saw the patient on March 10th at his home with symptoms of general peritonitis and no history pointing to the appendix. Under rest and starvation he improved for several days, but then became worse.

When admitted to the hospital the symptoms indicated the presence of an abscess in the right inguinal region. March 17th a large abscess was opened, cleaned and packed. He did well for ten days, when he began to show increased temperature, pain, etc. The abscess was opened again and the pelvis on each side of his rectum was found full of pus. Drainage (gauze) through the rectum induced rapid improvement and the patient left the hospital in good condition.

There were three cases of pelvic abcesses, which apparently had been caused by appendicitis. In each case the right tube and ovary, together with the appendix, were involved. These were drained through the vagina, after removal of the tube, ovary and appendix.

In all my cases, when possible, the stump of the appendix is treated as follows:

A circular flap of peritoneum is stripped back from the proximal one-half inch to an inch of the appendix, the stump of the organ is ligated carefully with chromicized catgut No. 1 or 2, the cavity sterilized with carbolic acid and tincture of iodine 25 per cent in glycerine 50 per cent, and the stump covered by the peritoneal flap. I do not claim any originality for this method, but consider it much better than the crushing method. In none of my cases has there been any indication of trouble from the stump. Free drainage and perfect rest for the alimentary canal are the most important points in the treatment of pus cases. Drainage through the rectum or vagina has given excellent results.

Of the twenty-six cases all recovered and are doing well at this time.

ECTOPIC PREGNANCY.

Five cases. Three were operated per abdomen and two per vagina. In the three cases operated on in which the abdomen was opened, the appendix was removed, and in all vaginal drainage was instituted.

Case 3 of this series was one in which the symptoms indicated appendicitis. When the abdomen was opened and the appendix removed the pelvis was found to contain dark blood, and a mass was felt at the right cornu of the uterus. The abdominal incision was extended downward and an ectopic gestation was found in the right tube at its origin. After opening the tube and removing its contents a cavity was left which showed through the muscular coat of the uterus. About half of the ectopic sac was in the uterine wall and half in the tube. It had ruptured and given rise to a small hemorrhage.

Few cases of interstitial ectopic gestation survive rupture for any great length of time on account of the severe hemorrhage. In this case the hemorrhage was slight and even while cleaning out the cavity, which extended through the muscular wall of the uterus, the patient bled very little.

HERNIOTOMIES.

Eight cases. One case of strangulated femoral. Four cases of inguinal hernia.

Mr. M., white, male, age 20. Left inguinal, Bassini. Cured.

Mr. B., white, male, age 18. Left inguinal, Bassini. Cured.

Mr. Y., white, male, age 27. Left inguinal, Bassini. Cured.

Mr. H., white, male, age 37. Right inguinal, Bassini. Cured.

Mrs. F., white, female, age 40. Strangulated femoral. Cured.

Mrs. H., white, female, age 32. Ventral. Cured.

Mrs. D., white, female, age 46. Ventral. Cured.

Mrs. R., white, female, age 36. Umbilical. Death.

The eighth case was that of a large fat woman with a very large umbilical hernia. It was full of omentum which could not be returned to the abdomen, because it was too friable and oedematous. The operation was uneventful. The deep fascia was lapped over and closed by mattress sutures of silver wire. The muscles and aponeurosis were closed by another layer of the same material. At first the patient did well, but her vomiting was excessive and on the third day contained blood. At this time her temperature was about a hundred, pulse fair. She complained of great pain in her epigastrium. Her bowels were kept freely open with salt and glycerine enemata. The evacuations at no time contained blood. She was never markedly distended. Her epigastric distress and bloody vomiting continued. On the fifth day the wound was opened and a small amount of greyish pus was found under the muscle suture. As the abdomen was not distended nor tender, I did not wish to enter the general peritoneum through the infected

wound. I now packed the abdominal incision and opened into Douglas's pouch. The peritoneum of the pelvis was normal, no exudate was found. The patient died on the sixth day after operation. It was impossible to get a post-mortem.

BREAST AMPUTATIONS.

Of the four breast amputations and one operation for recurrent carcinoma of the cervical glands and pectoralis minor muscle, the latter died. The case was one of late recurrence, the patient having remained free from any sign of trouble for more than three years. At the time of the primary operation the axilla was thoroughly cleaned out, and the fascia along the pectoral muscles with part of each muscle were removed. The secondary growth involved the pectoralis minor muscle and the cervical glands. The patient's condition was very bad. When I saw her about one month before the operation she was suffering from chronic nephritis and a weak irregular heart. Under infusion of digitalis and citrate of potassium she improved so much that in view of her hopeless condition and great suffering an operation was advised. Little hope of success was held out to her. In spite of extraordinary precautions, including the use of rubber gloves by every one who helped in the operation, this patient developed an infection and died on the sixth day after the operation. I think the patient's general condition and entire want of resistance caused her death. The other four cases did well.

LAPAROTOMIES FOR OTHER CONDITIONS.

Mr. W., male, white, age 37. For several years this patient had been suffering from stomach trouble, which had been much improved by treatment in the hands of skillful specialists. When he entered the hospital careful methods in clinical examination failed to show marked symptoms of gastric cancer. As he was greatly emaciated, had pain after eating and symptoms pointing to pyloric obstruction, I urged an exploratory laparotomy. On opening the abdomen a nodular mass was found involving the pylorus, duodenum and pancreas. The mesenteric glands were enlarged. In separating the adherent omentum a hole was torn into the duodenum near the pylorus. We now decided that a complete operation was impossible, so the tear was closed and carefully covered over with omentum, and a posterior gastroenterostomy was made. The patient weighed about one hundred pounds at the time of operation and he now weighs one hundred and fifty-six pounds. This case illustrates forcibly the principle that I have urged for several years, which is, that we cannot wait for positive symptoms before operating for gastric cancer. Operations to give hope of success must be in the nature of exploratory laparotomies and must be done early.

Before closing I will briefly relate two interesting cases of sarcoma. One occurred in a little girl.

Miss S., white, female, age 12. Operation February 3rd. This was a sarcoma of the left thigh. It had been partly dissected out by one of my colleagues, who asked me to complete the operation. The growth occupied the lower part of Scarpa's triangle, and had the femoral vein and artery passing through its centre. In removing the tumor about four or five inches of both vein and artery were taken out. This patient made a rapid recovery.

Case two, Mr. S., male, white, age 58. Operated May 18th, 1906. He had a small lump on right side of neck below his ear for several years. Recently it had grown rapidly and I urged him to have it removed. The mass was found to extend from the mastoid process to the clavicle. On dissecting it out we found that the interal jugular vein was involved. This was removed from the angle of the jaw to near the clavicle. He showed no sympotms attributable to interference with his circulation, which was remarkable in a man of his age. We are now treating him with the X-ray and hope to prevent recurrence.

These two cases show the wonderful power of the anastomotic circulation. I fully expected to have gangrene follow the removal of both femoral artery and vein, but instead the circulation was rapidly restored, although the limb looked to be in a dangerous condition.

In the last case, a man 58 years old, I expected to find oedema of the face and symptoms of interference with his cerebral circulation. Nothing of the kind occurred and he made an uneventful recovery.

THE DIAGNOSTIC VALUE OF THE CYSTOSCOPE AND URETERAL CATHETER.

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Read before the W. Va. State Medical Association June 21, 1906, at Webster Springs, W. Va.

Lesions of no part of the body are perhaps more difficult of diagnosis than those of the bladder, ureter or kidney. For many years surgeons felt the need of some means whereby they might obtain some more definite information concerning the actual state of affairs present in a given pathological urinary tract. From comparatively simple and crude beginnings there have been gradually evolved, through the united efforts of many co-laborers, diagnostic instruments of scientific precision and accuracy.

The entire subject is of comparatively recent date. In 1874 Tuchman collected urine from one ureter by compressing the mouth of the other with a forceps introduced into the bladder. About this time Hegar proposed tying the ureter per vaginam for the same purpose. In 1875 Simon catheterized the ureter by the aid of a finger used as a guide, passed through the dilated urethra. General anaesthesia was required, the after effects were unpleasant and the procedure was difficult. Pawlik in 1880 as Privat Docent discovered in the clinic of Billroth a method of introducing the catheter by the guide of external anatomical landmarks. This method is not easy and yet has some practical points to commend it. In this method the operator is guided largely by the sense of touch. Newman, Kelly and Byford have worked along the same lines without adding anything to Pawlik's method. Later Brenner, Grunfield and Kelly began to practice ureteral catheterization by aid of endoscopy which rendered the orifices of the ureters visible. Kelly in his dry method dilates the urethra gradually, then introduces a speculum with an obturator, which on withdrawal allows the bladder to fill with air. Then by the light thrown from a hand mirror the ureteral orifices are located by direct vision. Norris exposed the mouths of the ureters by the use of straight tubes with obturators.

In 1876 Nitze conceived the idea of a cystoscope. After much patient effort in which he was joined by Hill, Fenwick, Thompson, Boisseau, Du Rocher, Casper, Albarran and others, and by Leiter, an instrument maker of Vienna, the cystoscope has been so perfected that it leaves but little to be desired.

Inasmuch as for obvious reasons a comparatively limited number of physicians will ever make use of the cystoscope and ureteral catheter, and as not all cases can be catheterized, there will always be a demand for some other means of obtaining the separate urines of the two kidneys. Harris devised a segregator which acts on the principle of elevating the bladder wall by means of a bar passing into the vagina or rectum, as the case may be, so as to form a ridge or watershed between the orifices of the ureters, the urine being carried from the bladder by separate catheters. Luys invented an instrument consisting of two catheters between whose tips is placed a curved metal part which can be bent further, if desired, by a chain passing as the string to a bow on out to the handle. Over this curved piece of metal and chain is stretched a thin rubber cover. Guyon in 1902 suggested a similar instrument which was latterly perfected by Cathelin, one of his assistants. On the convex side of this instrument there is a spring covered by a thin rubber bag. This spring can be pushed out of a slit so as to form a septum which will fit accurately the posterior wall of almost any bladder. Fine catheters may be passed through the body of the instrument so as to come out on either side of the septum. This instrument is said to be fairly accurate and to cause no pain.

Newman has a metal divider or separator which he places in the bladder that collects the two urines separately. Although the ureters usually open into the bladder three centimetres apart, many complications may arise to prevent accurate results. The ureters may not open into the bladder equidistant from the median line of the body. Urine may leak under the instrument. If the bladder should be at all sacculated this would be almost certain to happen.

Hensner has described a new urine separator based on the principle to which attention was called by Bier, that the flow of urine could be stopped by pressure on the ureter. The most effective point is the

niche at the side of the fifth lumbar vertebra where the ureter passes over the hill formed by the iliacus muscle. The body is encircled by a sort of cylinder and pressure is made over the ureter by a pad attached to a screw with a crank device. The centre of each pad corresponds to a point two fingers breadth above the umbilicus, their inner edge a finger breadth from the median line. This device is said to control the flow perfectly.

The ureter-cystoscope and catheter possess the advantages of almost absolute accuracy.

Quite a number of different cystoscopes are on the market, those of Nitze, Caspar, Albarran and Brenner, Bierhoff, Young. Follen-Cabot and Tilden Brown have also made modifications of the original instrument. In the Brenner cystoscope the catheter emerges from the convex side while in the instruments of Caspar, Albarran and Nitze the catheter is situated on the upper or concave side. There are many operating, examining, photographic and retrograde (for inspection of the prostate) cystoscopes. The instruments of Follen-Cabot and Tilden Brown have attachments for irrigation of the bladder, while the apparatus with the catheters is in situ. This attachment in cases in which the field of vision is continually being rendered opaque by blood or pus, is of great value. Some of these instruments give a direct view of a section of the bladder wall, while in others a part of the bladder mucosa is reflected on a prism thence through the shaft of the instrument to the eye of the observer. For the introduction and use of the cystoscope local and even general anaesthesia will be necessary in some cases. The urine should be withdrawn and half an ounce of a one per cent solution of cocaine or eucaine (which is less toxic than cocaine and can be sterilized by boiling) is introduced into the bladder, a little of the same solution being left in the urethra as the catheter is withdrawn. To do successful cystoscopy the following conditions are a *sine qua non:* A urethra that will admit at least a 22 French sound, a bladder capable of containing from four to six ounces of clear fluid or a solution that can be kept clear by the use of the irrigating cystoscope. A contracted bladder whose contents are continually being rendered opaque by an influx of blood or pus is a very unfavorable one for the use of the cystoscope. A week or more of preparatory treatment consisting of the administration of genito-urinary antiseptics, bladder irrigation and the passage of sounds. Not only will the urine be rendered aseptic but the bladder and urethra will in some measure become habituated to instrumentation, and one will be enabled to judge of the amount of reaction that will be likely to follow the examination of bladder and ureters. The patient should be on a table, the buttocks projecting slightly over the edge, thighs widely separated, the feet resting on chairs or on a shelf provided for the purpose. If general anaesthesia is used place the patient in the lithotomy position. Six to eight ounces of clear sterile solution usually produces sufficient dilatation for the purpose of a bladder examination.

With the obturator in place the instrument is entered. After the withdrawal of the obturator the light is turned on, and the cystoscope is carefully held so as to come in contact with no portion of the bladder mucosa, or a burn resulting in ulceration may be produced. By raising or lowering the shaft of the instrument, revolving the beak from side to side, pushing forward or withdrawing the shaft of the instrument a little, most of the bladder surface can be brought into view. By continuing these manipulations the orifice of a ureter can be brought into view and the catheter directed into it. To bring the left ureter into view the ocular end of the cystoscope is swung to the right and vice versa.

The beginner must naturally first make a study of the normal bladder. The mucosa has normally a yellow color. The surface vessels have an arborescent appearance. The surface of the bladder wall is distinctly but slightly trabeculated. When an air bubble has entered the bladder it presents a round shining surface from which the cystoscopic lamp is reflected. The protrusion of mucous membrane at times seen about the ureteral orifice may be mistaken for a tumor. When the bladder is not sufficiently injected the rugae may be thought to be papillomata. The base of the bladder and trigonum suggests a sandy shore in appearance. At the posterior angles of the trigonum are the mouths of the ureters, each appearing as a slit or depression placed in a little ridge of the mucous membrane.

The cystoscope is of undoubted value in the diagnosis of diverticuli, calculi, foreign bodies, e.g. a silk ligature in the process of extrusion from the bladder wall, simple ulcer, tubercular ulcer, papilloma, malignant growths, polyps, fibromata, in fact all new growths. In cases of pyelitis pus can often be seen escaping from the ureter. The appearance of the ureteral orifice is often characteristic in inflammatory conditions of the renal pelvis. The extent and character of a cystitis can easily be determined.

Blood deposited on the normal bladder mucosa simulates a severe subacute or chronic cystitis. In the acute stages of a chronically inflamed bladder the rugae resemble papillomata, especially if the inflammation is localized. Some forms of chronic cystitis produce an even rectangular quilting of the bladder with projections between the seams of swollen mucous membrane. Acute and chronic cystitis causes the mucous membrane to vary in color from deep red to yellow according to the stage and degree of the inflammation. Naturally the correct interpretation of pigmentation, exfoliation and color variation must be based on a thorough familiarity with the appearance of the normal bladder.

Tubercular cystitis has some features that make its diagnosis at times difficult and even impossible. The lesions are sometimes associated with growths of a papillomatous character. When sharply defined ulcers develop in the absence of either acute or chronic cystitis, the diagnosis should be easy, though this condition in its early stages may be thought to be solitary simple ulcer. When thickening and infiltration are general and associated with the papillary growths mentioned above, diagnosis may be difficult. Bladder tubercle when about to break down shows itself in the shape of small white caseous spots. In advanced tubercular ulceration the bladder is apt to appear mottled by reason of the alternating anemic and hyperemic areas. One ulcer may be ragged and red in outline or covered with blood-clot. Another may have on its surface a dirty gray slough and have undermined edges. In far advanced bladder disease this organ becomes so irritable and contracted that the cystoscope cannot be used.

Simple ulcer usually presents a pale yellow slough contrasting vividly with the red of the mucous membrane. Sessile growths and polyps are easily diagnosed by their appearance. Many papillomatous growths bleed easily and should not be touched during examination if possible to avoid it. Hemorrhage beneath the mucous membrane produces a yellow projecting tumor resembling a papilloma. Malignant new growths of the bladder as a rule do not possess any very characteristic appearances.

The appearance of the orifices of the ureters is often corroborative or suggestive of certain renal or ureteral conditions, according to David Newman. When one orifice is altered and the other normal the kidney affection is on the side of the abnormal ureter. Congestion and swelling of the mucous membrane in the neighborhood of the orifice and along the ureter, associated with pouting of the lips, denotes acute irritation of the pelvis or parenchyma of the corresponding kidney. A dilated orifice, with thickened lips and dark red mucous membrane between them, indicates descending ureteritis with dilatation. A punched out orifice, thickened lips, induration and congestion of the surrounding mucous membrane indicate a dilated ureter with ascending ureteritis. Simple dilatation of the mouth with local congestion suggests mechanical irritation of recent origin. A pin-head opening on a ridge of deeply pigmented mucous membrane denotes increased vascularity of the kidney. The golf-hole opening indicates atonic dilatation of the ureter. A calculus arrested near the mouth of the ureter produces oedema of the orifice.

Much can be observed by a study of the shoots or the urinary efflux from the ureteral orifices. These shoots may be accentuated by giving methylene blue by the mouth, or indigo carmine by hypodermic injection. When the urine shoots in distinct jets, but more frequently on one side than the other, greater functional activity is indicated especially when the shoots are large and uniform in size. If they are small in size, frequent or irregular irritation may be inferred. Stricture, stone or inflammatory troubles are to be suspected when the shoots are irregular or distorted in form. The action of certain drugs, the drinking of fluids, excitement, etc., may cause a very rapid flow of urine. Dilatation of the ureter without paralysis of the sphincter is denoted when the urine dribbles into the bladder at intervals. When the sphincter has lost its efficiency the urine flows into the bladder almost continu-

ously. When no urine is being secreted no shoots will be seen even after several examinations. The orifice of the ureter may be undiscoverable. The urinary shoots consist of blood-stained urine in acute inflammation of the parenchyma of the kidney, in breaking down carcinoma and sarcoma of the pelvis, in injuries of the kidney, in ulceration of the pelvis, in malignant disease and in syphilis. Occasionally slight bleeding is seen in stone, in early tuberculous disease, and in chronic interstitial nephritis.

The flow of urine from the ureter is pus-stained in septic pyelitis and pyonephrosis where the kidney is still active; the urine will be ejected at regular intervals. In tuberculous pyelitis the pus is not intimately mixed with the urine, many of the shoots will be clear. Most of the pus passed will be in the shape of flakes. In old standing pyonephrosis, in advanced tubercular, syphilitic or malignant disease, the secretion of urine will have practically stopped and pus, blood, or bands of putty-like material may come from the ureters.

About the most easily discovered morbid object in the bladder is a stone lying on its floor. This stone may be covered with mucus or be in such a position that it cannot be reached with a sound. At times a calculus will float in the urine content of the bladder. The stone may be lying behind the prostate and may be brought into view by placing the patient in the knee-elbow position.

Ureteral catheters can best be sterilized by suspension in a rack in a container over formaldehyde solution. Just prior to its introduction into the bladder by way of the cystoscope, the catheter should be lubricated with glycerine or oil. As a precaution against a possible introduction of infection into the ureter and renal pelvis, some irrigate through the catheter with a small amount of dilute silver nitrate solution. In introducing the catheter one should be careful not to touch the bladder wall with its tips.

The ureteral catheter is of especial value in determining in a given case which of two kidneys is involved. Strictures of the ureter may be located, dilated and treated. Some mild cases of hydronephrosis may be cured by this means. Stone in the pelvis of the kidney has been detected a number of times by the use of the wax-tipped bougie. Inasmuch as the introduction of the ureteral catheter often causes some bleeding, it is well, especially in uncertain cases, to leave it in situ for some time. In addition to its value as a diagnostic instrument, the catheter is useful for the purpose of lavage of the renal pelvis and as a guide and protection to the ureters in certain cases of pelvic surgery.

The cystoscope and ureteral catheter should be as a rule used in cases in which a positive diagnosis cannot be made by other means. In the introduction of the instrument into the bladder with the possible traumatisms incident thereto, a certain risk of infection is incurred. In the same way there are chances of ascending infection of the ureter and possible kidney involvement from the use of the ureteral catheter. A few cases of contracted bladder and certain cases in which the hematuria or pyuria is excessive, cannot be satisfactorily cystoscoped. In cases of stricture so large an instrument cannot be passed. At times it is impossible to catheterize the ureters. Time, patience, expensive apparatus, excellent eyesight, extensive experience and skill are prerequisites to the accomplishment of results from this sort of work. Some patients cannot tolerate this procedure even by aid of a local anæsthetic.

In a considerable number of otherwise obscure cases I believe the cystoscope and catheter to be of much value, and that it fills a want in our armamentarium of diagnosis that nothing else will.

The conclusions are, that the cystoscope as an accurate scientific instrument is of comparatively recent inception and perfection; that the other mechanical aids to the collection of the separate urines are not by any means absolutely dependable; that the cystoscope and ureteral catheter have their limitations, short-comings and defects, and are not ideal; that these appliances are of especial value in diagnosing the causes of hematurias, in the discovery of calculi and foreign bodies in the bladder; that a careful study of the ureteral orifices gives more than an inkling of the conditions present in ureter and kidney. Definite information concerning the origin of a pyuria can be elicited by the use of the cystoscope and ureteral catheter which could not have been obtained in any other way.

A YEAR'S WORK IN OBSTETRICS. FACTS, FIGURES AND COMMENTS.

H. K. Owens, M. D., Elkins, W. Va.

Read at the Annual Meeting of State Medical Association, June 22d, 1906.

In preparing this paper it was not my intention to try to present anything new, or to report any particular abnormal condition. It is my aim to give you a simple report of fifty cases—a year's work in obstetrics.

This work has been done principally among the poorer class of people, some of whom were foreigners and could not even carry on an intelligent conversation in English. In no instance did I have the service of a trained nurse, and in only two of the cases had I the assistance of a brother physician. The sanitary conditions were varied. In some cases I was enabled to carry on an aseptic operation, but in the majority of instances I simply had to do the best I could under very unfavorable conditions and trust to nature and good healthy patients for the results. For the sake of clearness I have prepared the following table of conditions existing in the cases:

Full term	48
Premature delivery	2
Precipitate labor	1
Vertex presentation	48
Breech presentation	2
Forceps delivery	3
Prolapse of funis	2
Eclampsia	1
Hemorrhage	2
Complete laceration of perineum	1
Incomplete laceration of perineum	25
Mastitis	1
Phlegmasia	1
Puerperal infection	2

I also kept a record of the hour of delivery and have divided the time as follows:

From 6 p. m. to 12 midnight	13 cases
From 12 midnight to 6 a. m.	20 "
From 6 a. m. to 12 noon	5 "
From 12 noon to 6. p. m.	12 "

Thus you will see that my statistics bear out the truth of the old saying that most babies come at night. The youngest mother in the group was 14 years old; the oldest one was 43. Twenty-two were under 25 years of age, and seventeen were between the ages of 25 and 35. In all of the forty-eight vertex cases the presentation was occipito-anterior. In the case of precipitate labor the patient was 14 years old. Her first unpleasant sensations began at 12 o'clock, and at 1 o'clock the head was born. It is worthy of note that during her entire labor she did not suffer at all. She felt the peculiar uncomfortable sensations at each contraction, but stated positively, afterward, that during her labor she did not have a pain.

The forceps were used in three cases, twice to the head and once to the breech.

In two cases I had prolapse of the funis. I tried to restore the cord and keep it above the head, but my efforts were in vain and the children were still-born.

Eclampsia occurred once, in a highly nervous, delicate young woman. The attack came on without warning just as the head began to bulge the perineum. I handed the chloroform to her sister who stood by, telling her how to use it, and then delivered the child at once during the attack. She had a second seizure an hour later, after which she made a splendid recovery. The cases of hemorrhage were both tardy, one coming on about two hours after delivery, the other one making its appearance nearly three hours after the completion of labor. In the last case the hemorrhage was alarming, and when I arrived I found the woman in a bad condition, very weak, with a bad pulse and vomiting. I cleaned out the uterus, flushed the cavity with a hot solution of iodine (for which, by the way, I am indebted to your secretary, Dr. Golden) and gave her ergot for twelve hours.

The complete laceration occurred in a primipara, and I have never been able to account for it, as it was not a forceps case, and the child was not unusually large. My assistant and I restored the perineum at once, but the operation proved a failure, and later she was sent to a hospital where the operation was done successfully. Half of my cases had incomplete laceration varying from a mere nick to a deep perineal tear. Some of these I sutured and some I did not. In almost every case, the ones with which I took most care and trouble to repair, were the ones which gave me the most anxiety and trouble afterwards, while those that were left to nature and antiseptic care, invariably healed nicely and so far the patients have had no trouble.

I know most, if not all, of our obstetricians say to sew up the smallest laceration

immediately, or within twenty-four hours, but I sometimes think that if they we compelled to face the difficulties and obstacles that confront us in country practice, they would change their views along the line of immediate perineal restoration. This is a thought worthy of your consideration; as a brother practitioner, in this state, within the last two years, has been sued for alleged malpractice because he did not sew up a lacerated perineum.

The case of mastitis involved both breasts, and in spite of my best efforts grew steadily worse, and suppurated. I made incisions and drained, after which the patient recovered. In this case I had phlegmasia also, but it was slight and under appropriate treatment the trouble soon vanished. During my year's work I had the misfortune to have two cases of puerperal infection. The first one developed on the fifth day, being ushered in with the usual chill and high temperature. I gave, as I always do in such cases, an enormous dose of quinine, but it was without effect. I then resorted to the vaginal and uterine douche, with occasional applications of hydrogen peroxide, and iodine. After twenty-one days, during which time a pelvic abcess formed, ruptured and drained itself, she recovered and is now in excellent health. The other was a violent streptococcus infection. She developed pronounced symptoms on the evening of the second day, and notwithstanding my best efforts grew worse from day to day. I called a consultation, and it was decided to remove her to a hospital, thinking she would receive better attention and would not reinfect herself, as she seemed to be doing. After a long hard fight in which antistreptococcus serum was injected, in addition to the other remedies she recovered and is now enjoying better health than ever.

In each of my fifty cases the mother made a good recovery; but I was compelled to add two to my infant mortality list on account of prolapse of the cord.

Before closing I will mention some points in regard to my management of a normal labor.

When called to a case I repair at once to the house, and after a few cheery remarks to the sufferer, I examine the bed and fix it so that it can be cleaned at the proper time with as little discomfort to the patient as possible. I then take off my coat, roll up my sleeves and call for a basin of warm water. I instruct the family to keep plenty of hot water on hand, for experience has taught me that plenty of clean hot water is often a vital necessity at such times. In my basin of water I put from one to two teaspoonfuls of creolin, and with a brush I thoroughly scrub my hands and arms. Sometimes I repeat the scrubbing in a fresh solution, and occasionally, but not always, rinse my hands in bichloride solution. I then, under cover, separate the labia with one hand, introduce the examining fingers of the other hand and make my first examination. Contrary to most teachings I make frequent examinations, sometimes as often as every twenty or thirty minutes. While making these examinations I try to dilate the os, and I find this acts well with the mother and helps labor along. When the os is sufficiently dilated, I rupture the membranes, unless they have already ruptured themselves. When the head appears at the perineum I take all precautions to prevent a tear, and after the head is born I make traction by placing my index finger under the chin and the rest of my hand at the base of the skull, and gently try to worm the anterior shoulder through. As the buttocks and legs are being born I make downward pressure on the uterus with my free hand to avoid a hemorrhage.

After the second stage is completed I wait fifteen or twenty minutes for the placenta, meanwhile occasionally kneading the uterus. If at the end of that time it fails to appear, I clean my hands, press the uterus firmly from above downward and introduce my fingers into the vagina, where I usually find at least a portion of it, and by gently pulling it comes away without any trouble. If a laceration has occurred I touch the raw surfaces with pure iodine and deal with them as I think best. After the entire obstetric operation is completed, I cleanse the vulva, assist in cleaning the bed and then apply a vulvar pad. I usually darken the room, exclude all unnecessary people, and stay about the house from forty minutes to an hour. I never use ergot before the completion of the third stage of labor, and very rarely after. I never use a douche unless I have invaded the uterine cavity either with instruments or my hand.

This is my report of a year's work in obstetrics, the noblest of all branches of

medicine or surgery. I know of no greater calling than to have the authority, the ability and the privilege of being at the bedside of a suffering mother, assisting her in her hour of need, watching and waiting for the tiny soul soon to make its advent into this world.

In so doing the doctor completes the work begun by God. He brings untold joy to the home, and launches a soul into the world whose influence may some day be felt in the state, the country and the universe.

Selections

TREATMENT OF PNEUMONIA.

There is no disease whose treatment is less satisfactory than that of pneumonia. It is generally recognized as a self-limited disease, and its course and duration are very uncertain, some cases terminating so soon and so abruptly as to lead the physician to believe the result has been brought about by his particular method of treatment. But, alas, the next case under the same treatment, may run a course of ten or twelve days, perhaps ending fatally.

Last year Dr. Henry P. Loomis made a comparative study of the treatment of this disease in four leading hospitals of New York, viz., the Presbyterian, Roosevelt, New York and Bellevue, on whose staffs are a number of the ablest and most experienced medical men in the city. Dr. Loomis found that the general line of treatment was much more uniform than he had expected to find it, and more so than in any other disease except acute rheumatism. We give below the result of his researches,which is well worth careful study, as the season is not far off when cases of pneumonia will be met with again.

Cathartics.—When a patient enters any one of these four hospitals suffering from pneumonia, he is given calomel, usually in small doses, often repeated, and this is followed by a saline the following morning, generally Epsom salts. The calomel is repeated during the course of the disease if necessary. This as a routine treatment.

Local Applications to Chest.—All the hospitals at the present time apply local measures to the chest over the affected lung *only* when the pain and distress are intense. They make no local applications as a routine practice. When applications are made large flaxseed poultices enveloping the chest are applied, although at the New York Hospital and on the first division of Bellevue Hospital ice poultices are sometimes used. The old-fashioned pneumonia jacket, made by covering flannel with oiled silk, is used in none of the hospitals at the present time for adults suffering from pneumonia. At the New York and Bellevue its use is confined to children.

Diet.—All the four medical divisions of Bellevue Hospital put their patients during the height of the disease on an exclusive milk diet, giving the milk plain or modified. The other hospitals make milk the principal article of diet, and alternate it with broths and egg-albumen. Roosevelt Hospital adds eggs and crackers, and there the patients are urged to drink a very large quantity of water.

Fever.—The treatment of the fever of pneumonia in the different hospitals varies more than anything else. A temperature of 104° and over is not necessarily an indication of special treatment unless it is accompanied by nervous symptoms, marked restlessness, or delirium; then it is treated as follows in the different hospitals:

Presbyterian Hospital: They use either cold packs to the anterior portion of the chest, the technique of which consists in enveloping the chest with sheets wrung out of water at a temperature of 50° and repeating the applications for ten minutes, or they make use of what is known as an "anterior pack." This consists in covering the patient with a sheet and sprinkling with water from a sprinkler, or by a brush wet with water; the temperature of the water is just as it comes from the hydrant, about 85°. This method of reducing the temperature is also used at Roosevelt Hospital.

At the New York Hospital the temperature is controlled by alcohol sponges, and if these are not effective, with a cold pack.

At Bellevue Hospital tepid sponges are used to reduce the temperature, the water being from 80° to 85°.

At Roosevelt Hospital alcohol sponges or "anterior packs" are used. I made inquiries to ascertain if tub baths are given in pneumonia in the various hospitals, and found that Bellevue and Roosevelt never use them; the New York very seldom, and only in cases with toxemic pyrexia. At the

Presbyterian they are used in alcoholic cases when nervous symptoms are present.

Cough.—When cough is a distressing symptom, all the hospitals give codeine. Ordinarily it is the only drug they use. When it is commenced it is given in regular doses of one-quarter of a grain every four hours. All the hospitals, with the exception of Bellevue Hospital, at times use heroin in one-twelfth-grain doses. The third division of Bellevue prefers morphine. At times, Roosevelt Hospital gives morphine to aid a distressing cough.

Insomnia.—For insomnia, which is often a distressing symptom, the three drugs most used are trional ten grains, veronal ten grains, codeine one-quarter of a grain. The Presbyterian uses any of these indiscriminately. The New York and Bellevue generally use trional. Roosevelt only veronal and codeine.

Pulmonary Edema.—Pulmonary edema is treated at the Presbyterian and Bellevue Hospitals by hypodermic injections of adrenalin; fifteen to thirty minims of one in a thousand solution is given every fifteen minutes, for five doses, then every half-hour for four doses. Atropin hypodermically, one one-hundredth of a grain, is also used at these hospitals. They all cup the chest for pulmonary edema; however, at the New York and Bellevue Hospitals greater reliance is placed upon increased stimulation. Oxygen is not given as much as formerly in any of the hospitals. It is only used in cases of dyspnea and cyanosis. The oxygen tank seems to still hold its place as the actual forerunner of the end.

Cardiac Failure.—As we all know, the critical period in a case of pneumonia begins with the evidence of cardiac failure. The first indication of systolic weakness and failure of arterial tonicity leads to the administration of cardiac stimulants. The three cardiac stimulants which are used in all the hospitals are alcohol, strychnine, and digitalis. I find the use of these drugs varies a good deal in the different institutions.

(*a*) *Alcohol.* The cardiac stimulant which occupies first place and upon which the greatest reliance is placed is alcohol. Whisky is the form used, in doses of half an ounce, the time of its administration varying from every hour to every four hours, according to indications. These indications are a small, incompressible, rapid, feeble, and often irregular or intermittent pulse, associated with the absence of the first sound and a diminution of the apex beat.

At the Presbyterian Hospital alcohol is not commenced until there are *absolute* indications, such as cardiac insufficiency and marked constitutional symptoms—nervous symptoms, dryness of the tongue, etc. I find that alcohol is less used in this hospital than in any of the other institutions. At the New York Hospital it is used especially in alcoholic pneumonias. Inquiries at the different hospitals show, with the exception of the Presbyterian, that alcohol is used today as much in pneumonia as it was two or three years ago. It is used at the Presbyterian less generally than it was.

(*b*) *Strychnine.* There has been a peculiar thing about the use of the second drug in pneumonia—strychnine. Most of us can remember when we first began the practice of medicine that strychnine was seldom, if ever, given as a cardiac stimulant in pneumonia; now it is universally used. Clinical experience has confirmed what physiological experimentation has long ago proven. When we remember the physiological action of this drug, how it stimulates the heart and tones up the arterial system by its direct stimulant action on the vasomotor centers, and not like alcohol and digitalis by its action on the heart muscle and the arterial wall, we find an explanation of its effectiveness; it whips up the heart, one might say, from its powerful nerve center. Strychnine is never followed by the secondary depression so often seen after alcohol. I find this drug universally used in the hospitals. In talking over its use with the various house physicians, I learn that the two indications which call for its use are: (1) When whisky is not able to hold the heart they all use it; however, secondary to whisky—to re-enforce it, as it were. (2) When there is evidence of pulmonary edema and cyanosis; here it is generally given hypodemically in 1-20-grain doses. At two hospitals this second symptom is the special indication for its use. All alcoholic cases were especially found to respond to the action of this drug.

(*c*) *Digitalis.* At none of the hospitals, with the exception of Roosevelt, is digitalis used to any extent. I understand from the house staff at Roosevelt Hospital that two of the visiting physicians use it quite extensively when there is evidence of cardiac dilatation. It is used very rarely at Bellevue

on the *second* or *third* division; on the *first* when there is evidence of pulmonary edema, and on the *fourth* when there is marked failure of compensation. At the Presbyterian Hospital digitalis is only used when there is evidence of cardiac dilatation or irregular action. In all the hospitals the tincture is the form in which digitalis is most generally given, the dose being from five to ten minims every four hours. Fluid extract in two-minim doses is sometimes used at Bellevue and New York Hospitals.

(*d*) *Nitroglycerin.* The only other drug I found used in the hospitals is nitroglycerin, and this only very occasionally. At the Presbyterian it is never used, rarely at the New York Hospital, and only at the Roosevelt in the service of one of the visiting physicians. At the Bellevue Hospital it is more generally used, especially on the fourth division. The dose is one-fiftieth of a grain, generally given hypodermically.

I find that during the past year or so a number of drugs have been tried in pneumonia and discarded—for example, iodide of potash, sodium salicylate, pneumococcus serum, and creosote, although I may say the latter drug is still sometimes used by the different institutions, especially at the Presbyterian and Roosevelt Hospitals. The staffs of these two institutions inform me they can see no results from its use. At Roosevelt Hospital they are using saline injections into the rectum, especially in alcoholic cases and in cases in which nutrition is failing. Eight ounces of a normal saline solution is introduced into the rectum through a funnel attached to the end of a catheter. These saline injections are given about once in four hours, are well retained, and the staff informs me in many cases marked beneficial results are obtained. I should think this treatment would warrant more extensive use.

Before closing I would like to make three statements in reference to the treatment of pneumonia, which clinical experience warrants me in considering of some value:

First, a plea for the more general use of morphine, hypodermically in the early stage of the invasion, a stage in very many cases accompanied by not only the shock to the nervous system from a sudden and overwhelming toxemia, but the distressing pain often amounting to agony of a pleurisy, associated with the development of the pneumonic processes. The shock to the nervous system in many cases is intense. Patients generally rally from this condition, but often with a marked cardiac weakness. I believe if we made a routine practice of giving cases presenting these symptoms one or two full doses of morphine hypodermically, we would not only relieve the pain but would minimize the nervous shock, and certainly, remembering how morphine sustains the heart, we will start our patient on the course of the disease in a very much better condition. Morphine later in the disease is but seldom required, and in my opinion must only be used then with the greatest care.

Secondly, if any criticism can be offered of our present treatment of pneumonia during the past few years, it is along the line of injudicious and often unwarranted use of alcohol. I have often questioned whether if we did away with alcohol entirely the mortality would not remain about the same, and possibly a great improvement be noticed. During the last two years, in my hospital service at Bellevue and New York Hospitals, I have given very little alcohol, not one-twentieth of the amount I gave formerly, and I feel that the results obtained warrant me in cutting its use down still more. The ordinary cases certainly, it seems to me, do better without it. My experience has been that in the intense alcoholic cases strychnine hypodermically gives very much better results than alcohol, and these are the class of cases in which alcohol is usually given in very large quantities. We all know in the various institutions for the cure of alcoholism how on the sudden withdrawal of alcohol they hold the heart by hypodermics of strychnine, even in the most desperate cases. An exceedingly good cardiac stimulant which I found to take the place of alcohol in pneumonia is the old-fashioned sweet spirit of mindererus, "liquor ammoniæ acetatis." I have been surprised to find how universal is the use of this drug in pneumonia by the old country practitioners. My attention was first called to its use at a meeting of a county medical society in western New Jersey a few years ago. The drug, as we all know, is a good diuretic and diaphoretic, affects temperature, and acts as a mild stimulant. I claim no specific action for it, but if it does not do any good it will do no harm, and I would like to bring it to the attention of the members of this society.

Thirdly, the last point which I would

make, and possibly the most important, is that more of our patients are damaged than helped by the promiscuous drugging which is still too prevalent. I believe if fewer drugs were given in pneumonia a very much larger number of uncomplicated cases would recover with no medical treatment beyond an occasional laxative. The mortality to-day in the various hospitals seems to me unusually high. In the four New York hospitals which I have investigated, the mortality varies from thirty-five to forty per cent. At the Presbyterian Hospital, in six hundred cases, the mortality was 34.8 per cent.; at the Roosevelt Hospital, from 1903 to 1905, the mortality was about 40 per cent.; at the New York Hospital, from 1893 to 1894, 38 per cent.—*Therapeutic Gazette.*

THE DUAL LIFE.

[Extract from an address to Arkansas State Medical Society by Dr. Joseph M. Matthews, of Louisville.]

You will permit me to cite you to certain traits of character of men in our profession, which should dub them Mr. Hyde, rather than a Doctor Jekyll, whose character we should try to emulate:

Deceit and hypocrisy.
Envy and jealousy.
Slander.
Back-biting.
Sarcasm.
Lying.
Bearer of tales.
Flattery.
Neglect of patients.
Surgical operations for self-reputation.
Seeking popularity at the expense of honor.
The telling of secrets.

As doctors, are we honestly and ardently striving for a better condition of society? Have we any jealousies? Are we envious of one another? Sometimes this is true, and it is a shame that it should be so. Is it true that any of us are fickle and back-biting? Do we perform our duty in a half-hearted way? Do we ever indulge in sarcasm? Are we ever guilty of deception? Do we sometimes flatter? Do we neglect the patients entrusted to us? Do we perform surgical operations for pelf or reputation? Are we telling secrets or giving out information that might do harm? Do we by "wink or nod" or supercilious look, damn with faint praise meritorious work?

Let us rather supplant these with the characteristics of Dr. Jekyll; viz.: truth, faithfulness, pity, kind words, covering slander, duty, charity, honesty, secretiveness. Let us know ourselves. Without this information we will be mere shuttlecocks, swayed by every wind. The doctor's life makes a man, a real man. Quiet, of even spirit, trained heart and educated mind, he is invulnerable. Idleness and ease never produced a great man; but instead ends in worry, bluster, fretting, fault-finding, hurrying, slander, hate, dissipation, despair, envy, malice and revenge.

Adverse criticism is a stimulant to action. Don't court it, but accept it in silence with a determination to prove it false. Calmness is the greatest attribute that we can possess. First "know ourselves" and then "govern ourselves." The boisterous, tempestuous nature never accomplishes anything. It does not inspire confidence, and without this on the part of our patients, all our efforts will be in vain. If at any time the attributes of Mr. Hyde which may lurk in our nature show their presence, we should conquer them before they come to the surface. Let us be calm and tranquil in all our undertakings. To the man who is calm, revenge is so far beneath him that he cannot reach it, even by stooping. When injured he does not retaliate, but waits for time and truth to rectify the wrong. He wraps around him the royal robes of calmness, and envy and injustice sneak away.

Where the gray heron is pursued by its enemy, the eagle, it does not run to escape; it remains calm, takes a dignified stand and waits, quietly facing the enemy, unmoved. With the terrific force with which the eagle makes its attack, the boasted king of birds is often impaled and run through on the quiet bill of the heron. The means that man takes to kill another's character becomes the destroyer of his own. Don't let us misjudge our fellow man and thereby do him an injustice. You can no more judge a character by outside appearances than by the kind of clothes one wears.

There is an old Latin maxim which reads: "Nothing concerning the dead unless it be good." Why not let it apply to the living? A bouquet to the live man is worth bushels of flowers to a dead one! (Applause.)

Many a warm and tender heart beats beneath a rough exterior.

WHEN JIM WAS DEAD.

"Hit sarved him right," the nabers said,
An' 'bused him for the life he'd led;
An' him a-lyin' thar at rest,
With not a rose upon his breast!
Ah! many cruel words they sed
When Jim was dead.
"Jes' killed hisself;" "To mean ter live;"
They didn't have one word to give
Of comfort, as they hovered near
An' gazed on Jim a-lyin' there!
"There ain't no use to talk," they sed,
"He's better dead."
But suddenly the room growed still,
While God's white sunshine seemed ter fill
The dark place with a gleam of light,
An' o'er the dead she bent—Jim's wife!
An' with her lips close, close to his,
As though he knew an' felt the kiss.
She sobbed,—a touchin' sight to see,
"Ah, Jim was always good ter me."
I tell you when that cum ter light,
It kinder set the dead man right;
An' round the weepin' woman they
Throwed kindly arms of love that day,
And mingled with her own, they shed
The tenderest tears,
When Jim was dead!

—*Jour. Ark. Med Soc.*

TYPHOID PERFORATION—RECOVERY WITHOUT OPERATION.

Dr. J. H. Musser réports this case. Patient, aged 30, with typical typhoid, recovered, and "after a lapse of seven days fever recurred and, with other symptoms, it was soon evident a well defined relapse of the original disease had occurred. On the third day of the relapse the patient had some abdominal pain; on the fourth day (June 4th) a chill. I saw him with his attending physician on the fifth day of relapse, the third day after abdominal symptoms developed. The view that localized peritonitis was present was supported in that pain, the characteristic vomiting, the facies, the dorsal position with legs drawn up and the local abdominal signs prevailed. There was extreme rigidity of the abdominal muscles with a marked flatness of the abdomen. The urination was frequent and painful and suggested a pelvic peritonitis, a suspicion verified later by an autopsy. A pelvic examination failed to disclose any appendicular inflammation and no signs of effusion. The vesical pain could only be prevented by frequent catheterization. The slightest distention of the bladder caused pain. The physical signs of bronchitis prevailed although masked by an evident increase of hypostasis, due to imminent collapse. The patient bore all the features of collapse, which, with the antecedent symptoms, further indicated that intestinal perforation had taken place.

With the conclusion that perforation and peritonitis were present, it was important to decide whether operative measures were justifiable.

It was decided not to operate because of the past pulmonic condition, while the persistent bronchitis and the overwhelming hypostasis were of such degree as to invite a pneumonia from anesthesia. It seemed unwise to operate and add another death, which to the laity is always considered operative. Moreover, and of as great importance, the patient had undoubtedly rallied from the time perforation apparently took place four hours before, and the hour of consultation. On the second day of perforation the features of collapse disappeared, the peritonitis was undoubtedly local and not spreading. Hence, further careful watching and operative delay were advised.

On the ninth day the patient had a hemorrhage. I saw him again on the tenth day in collapse from loss of blood. Death took place the evening of the eleventh.

The autopsy was made by Dr. Muller. The lesion that interests us was an ulceration of the ileum which had perforated the intestinal wall and was adherent at this point to the posterior wall of the bladder near the fundus. The adhesions were firm and sufficient to prevent extravasation. The decision not to operate was justified by the autopsy.—*Penn. Medical Journal.*

Restlessness, increasing pallor, increasing air-hunger. increasing weakness of the pulse, falling temperature (subnormal), and the ephemeral effect of stimulation, all point to hemorrhage rather than shock. In addition, there is often some local sign or symptom.—*American Journal of Surgery.*

Before operating for sarcoma examine the lungs carefully. Do not operate if the patient has persistent cough and blood-stained sputum (not due to tuberculosis), even though no definite signs are found in the lungs—a metastasis has developed.—*American Journal of Surgery.*

The West Virginia Medical Journal.

COMMITTEE ON PUBLICATION.
S. L. JEPSON, M.D., CH'N.
L. D. WILSON, M.D., JNO. L. DICKEY, M.D.
Office of Publication: The News.

WHEELING, W. VA., AUGUST, 1906.

THE JOURNAL will be published for the first year as a bi-monthly—August, October, December, February, April and June. Commencing with July, 1907, we expect to issue a monthly.

Subscription, - - - - - - - - - - - $1.00 per year
Single Copies, - - - - - - - - - - - - - 20 cents

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Editorial.

Any of our contributors desiring reprints, will please write to our publishers, The News Lithograph Co., Wheeling.

TO OUR READERS.

The committee of Publication, to whom the conduct of this Journal has been committed, sent out a large number of complimentary copies of the first issue. It has been the aim to reach in this manner, every physician in the state. Earnest effort has been made to secure their names and addresses. The committee is aware that there are a great many whom it has not yet been able to reach, but it is the hope and expectation that eventually its efforts will be rewarded with practically a complete list. To the same addresses and to such additional ones as have since been obtained a still larger number of the present issue is sent. It is the hope of the committee to enlist the interest and aid of the whole profession of the state in this enterprise. All can see that it will be of the greatest advantage to the profession to have a journal of their own rise to a position of power and influence in their state. This end is assured provided the profession rally as a unit in its support. The committee hopes, therefore, that everyone who receives a copy of the Journal, who is not already a subscriber, will consider himself personally solicited to enlist in the cause, and to bring in as many recruits as he can influence. To brethren residing in other states, may we not also look for an encouraging word and a helping hand? Let us then have your names and your dollars, so that you may receive the next and subsequent issues, and further, that you may have the consciousness that you are identified with a movement so important to the welfare of your profession.

"I DIDN'T KNOW THINGS LOOKED THIS WAY."

The importance of a better understanding on the part of parents and teachers of the subject of visual defects in children, is once more given emphasis by the opening of another school year. It is doubtful if the ignorance and neglect shown toward a condition so vital to the comfort and well-doing of children so afflicted could be more complete. Not alone the progress of the child in school, but its whole after life may be, and almost certainly will be, profoundly influenced for weal or woe, accordingly as the condition is intelligently or ignorantly dealt with. The meagre information upon the subject possessed by the public at large makes the task of arousing an active and

potential interest in remedial measures very difficult. In the first place, the idea is general that the eye is a wonderfully perfect organ, which it most emphatically is *not*. In the second place, the efforts that have not infrequently been made to enlist public interest in the matter have usually been regarded as the outgrowth of a not overly well regulated imagination—crazy whims, unworthy of serious consideration; or schemes prompted by selfish motives. To illustrate our subject, let us suppose the case of a school-boy with eyes affected by one or more of the usual defects of refraction and accommodation. If he be myopic, or markedly astigmatic, and especially, if, with the latter, he be hypermetropic with failing power of accommodation, it will range all the way from difficult, to impossible, for him to get much satisfactory instruction from a teacher's blackboard exercises or from charts. At the distance these are usually placed from him, he can see nothing clearly; there are no sharp outlines, everything seems in a haze or mist; what to his classmates is clear is to him indistinct, and he cannot avoid confusing lines and letters and figures whose finer details are not perceived at all. For nearer work, as in reading or writing, things may or may not be better. But if, on top of all this, his accommodation happens to be overworked, the effort to use the eyes for these purposes produces such a feeling of discomfort and strain, that he has constantly to keep looking away from the page to get a momentary relief, and besides, he is apt to acquire a habit of squinting, blinking, and rubbing of the eyes that bring him into unpleasant notice. Such a condition is simply unbearable. He cannot study, so gets to be classed as indolent. Reprimands, penalties and mortifications numberless, are his portion. He is rated as dull, stupid, non-receptive. He gets discouraged and later indifferent. If he keeps along with his class at all, he is at the foot of it. This burden he will carry all through his school days, and from there into his business life, and all the while he will be thinking that he sees just as his fellows do. In a knowledge of these conditions, the training of the average teacher is very defective. Very few are aware of the frequency and results of these defects, and fewer still know how to look for them. It should be made a part of every teacher's qualifications to know how to use the ordinary tests for their detection. It is easy to do, and takes but little time. Each teacher, or better, each school, could easily be supplied with a set of elementary test cards. They cost but a trifle, and with a little training in their use any teacher could quickly discover whether or not a pupil was suffering from such defects to any injurious degree. Normal schools, and all other schools that engage in the training of teachers, should give a course of instruction in their use sufficiently thorough to equip their students for such examinations. Furthermore, teacher's institutes and teacher's examining boards should keep this matter in view, and every teacher's certificate ought to be evidence that among other qualifications, a practical knowledge of these means and methods is possessed. It is not at all intended that this instruction of teachers be thorough enough to fit them for treating such cases. This should always be turned over to someone especially trained for such work, and whenever a pupil is found to be in need of it, he or she should, as soon as practicable, be put in the way of receiving the proper care. Once, a little boy was trying, for the first time, glasses that had been prescribed for a defect in his vision. As soon as they were adjusted, he ran to the door, and for a few moments looked intently up and down the street, then, turning around, his face radiant with delighted surprise, he gave vent to his joy in the exclamation which has been chosen as the text for these remarks. Long years ago he passed out from our mortal ken, but his little sermon has never been forgotten. These simple words touch the heart of this

whole matter. These sufferers do not know or even suspect their own condition. They do not even know that such defects could exist, owing, no doubt, to the fact previously stated, that eyes are generally believed to be organs without structural imperfections. Hence, they assume, naturally, that things "look" to them just like they "look" to others, and they go on day by day, and year by year, acquiring incorrect and imperfect ideas and conceptions of all the natural objects that surround them, while the finer lineaments of the fair face of nature are completely veiled from them. Let every dull, or backward, or inattentive pupil be subjected to a little investigation of the state of his visual apparatus, to see if his unsatisfactory conduct and progress may not be due to something other than perversity or stupidity. It surely would be a source of extreme gratification to any parent or teacher by so doing to rescue a child from such a disabling condition. It is urged upon them, and not less also upon the school authorities and the medical men of every neighborhood, to give this matter earnest and enlightened attention, and to do what is in their power to remedy a serious defect in our educational machinery.

L. D. W.

DOES MEDICAL ORGANIZATION PAY?

In this issue we print several articles setting forth the benefits of organization. They will repay thoughtful perusal, and should stimulate action in counties as yet unorganized. Medical socities have existed for a very long time, but until quite recently almost their sole purpose seemed to be to promote medical knowledge by the presentation of papers and the reports of cases, and the discussion of these. And indeed this should continue to be their chief purpose. In the writer's thirty-five years' connection with medical societies, he has observed that those who have been the most faithful in attendance were as a rule the advanced men of the profession, who, it may be said, least needed to attend, and the progressive younger men, anxious to gain information in every possible way.

No man who remains outside medical societies, or, if a member, habitually absents himself from the meetings, can be expected to advance in knowledge as rapidly as do those who are regular in attendance. The frequent discussion of familiar topics even will frequently bring out new points; and new medicines, new methods of treatment and cases with interesting features are frequently presented, so that the members absorb ideas, everyone receiving benefit, even though taking no active part. The society thus becomes truly "a post-graduate school," in which all may be students, and teachers as well. We know of a patient who was treated for four months losing forty pounds in weight, without the kidneys ever being interrogated. This gross error could scarcely have been committed had the attending physician been a member of the county society, for on a number of occasions the importance of early urinary examinations had been discussed in the society. This patient later consulted a society member, who immediately diagnosed diabetes mellitus. In the two weeks following 17 pounds weight was gained.

Again, every physician needs to mingle with his fellows occasionally, and to hear and join in discussion, to keep him out or get him out of the rut. The daily round of practice, with little or no fellowship, will tend to make even the best men narrow routinists. Everyone must come into close contact with his brethren, exchange ideas, talk over cases, relate trials, if he would broaden his mind and get the most out of life. Such contact certainly widens our horizon, adds zest to practice and at the same time gives us a better opinion of each other. And thus we may banish for a time the cares of our vocation, while cultivating the

better part of our nature and adding to our information.

But there are other benefits of organization than those named. The state society has taken up the subject of protection of its members from malpractice suits. Something is said on this subject in another place. The subject is a live one, and should interest every physician in the state.

Again, physicians have too long been "the hewers of wood and drawers of water" for the public without proper appreciation. We have done an unlimited amount of charity work so long that the public now demands it as a duty. Fighting disease, encouraging advances in sanitation, leading all movements looking toward the prevention of epidemics, all against our own pecuniary interests, the state owes us something in return. But our efforts have never been appreciated. Every movement inaugurated by our profession in behalf of the people is too often misconstrued and charged to selfishness. A more complete organization will effect a change of feeling towards the profession. Almost one-third of our physicians are now in the State Medical Association. We expect soon to have a half. The influence of 800 intelligent, forceful men is not inconsiderable.

Certain changes in our state laws are needed, primarily for the protection of the people from dangerous secret drugs, from unqualified practitioners, from impure foods. The law should admit no one to an examination who has not received his medical degree from a reputable college. The law should compel the examination of every man who holds himself out for the cure of disease, by whatsoever means employed. The law should require the exact ingredients of every bottle or package of medicine sold to the public to be printed on the label. The law should protect the people from the dangers of impure food.

Some day our laws will contain such provisions, and the day is not far distant; but to insure success in our efforts to bring about these changes, further organization is needed. Push it along! J.

THE A. M. A. AND ITS CRITICS.

The greatest medical organization in the world is our own American Medical Association. The greatest medical journal in the world is *The Journal* of that association. The association received the impetus which has pushed it up to its present commanding position from the work of its committee on organization, of which Dr. Simmons was a member. *The Journal* started on its upward course when a new editor was selected, and has reached its present enviable position under the able management of that same editor, Dr. Geo. H. Simmons. "Enviable" is the proper word, as is manifest by the course pursued by several other journals which, instead of standing by and aiding the A. M. A. and its *Journal* in their work of unifying the profession for its own and the people's interests, are continually manifesting their envy by criticism and fault-finding, not always adhering to truth in their comments on the work of the association and its officials, and manifesting their venom especially towards the able editor of *The Journal.*

We are glad to note that the untrue and spiteful charges made are so fully and satisfactorily met by the articles appearing in *The Journal.* The recent detailed statement made by the chairman of the Board of Trustees was eminently satisfactory. The editorials of *The Journal* in reply to the strictures of the N. Y. Record are equally so. The writer, after over thirty years intimate connection with the medical associations of this state, can apply to our profession with emphasis this remark from a recent editorial in *The Journal:*

"Never has the profession been more united, never before has it been so influential, never have there been so few local jealousies, and never has there been a more hopeful outlook in every way than now." The profession of West Virginia is a unit in support of the national organization and its *Journal.*

The three managers of this little *Journal* have all been members of the House of Delegates, one or more of them at each of the last four annual meetings. Not one of the three was ever approached with a suggestion to aid "the management." When criticisms have been offered, they have received full discussion. The House of Delegates changing annually, can never become a "packed" body. Hence it may always be taken as a representative body, whose sentiments may possibly at times differ from those of the profession at large, but are always more correct because founded on fuller information and free discussion rather than on idle talk.

The *Record*, which has long maintained a high position in the world of journalism, and whose editor has been for but one year a member of the A. M. A., will best serve its own material interests and the profession upon which it depends for support, by stopping its carping criticism and giving its aid to making the A. M. A. the perfect and powerful organization it is becoming even with the *Record's* opposition. J.

YELLOW MEDICAL JOURNALISM.

In the hitherto sensible *Medical Record*—Aug. 18—is an editorial which indicates that that journal, influenced no doubt by the prevailing color of the city dailies, is assuming a yellow hue. Referring to the now famous Elkins leper, the editor used these expressions: "Driven to the wilds of West Virginia;" "imprisoned for a time in a box car;" "crying for someone to shoot him and put him out of his misery;" "educated medical men and health officers * * thrown into such a panic of apprehension that they inhumanly cast him out from the community to perish in the forest."

All this foolish and untruthful language is based solely upon sensational newspaper reports, and would not have been used had the *Record* been as enterprising as the *Jour. A. M. A.*, which, on the same day the *Record* article appeared, reprinted from the first number of this WEST VIRGINIA JOURNAL—issued Aug. 13th—a letter from Dr. Irons setting forth the facts, and so correctly informing the medical profession that it was able to estimate at its true value the yellow *Record* editorial, which, to speak mildly, was undignified and almost as much out of place as the interview given to the daily press by Dr. Fulton, the Maryland Board of Health Secretary, in which he managed to unjustly reflect upon the West Virginia Board of Health for not properly dealing with a case, of the existence of which the Board had never possessed the faintest knowledge.

It would seem, from the true accounts of the movements and treatment of poor Rashid, that our West Virginia physicians and people are the ones who kept cool and exercised proper charity, while the Maryland Secretary and the New York editor allowed their imaginations to become inflamed and their nerves to be unduly disturbed.

We are glad to reprint the very dignified and judicious reply to the *Record's* tirade, made by President Golden, of our State Medical Association:

To the Editor of the Medical Record:

Sir—Under the heading "Senseless Cowardice" you comment on the alleged ill-treatment to which this leper has been and still is subjected. I am not in a position to offer any correction to that part of your comment on the treatment which this man has received in other states, for the only source of information I have is the sensational daily press. But I am in a position to state that as far as this concerns the "wilds of West Virginia" you are in error. * * From articles enclosed you will see that the "educated medical men" did do their duty, and did "quiet the unreasoning fears of the public," with the result that both before the leper left this state and after his return to it, he was treated with all the consideration due a fellow-man. It is true that he has been isolated, but every needed comfort was furnished him in a tent, and a more permanent shelter for him is now in process of erection. At the expense of the county a regular physician of the immediate vicinity is looking after his health. So far as this state is concerned, the newspaper reports can hard-

ly be characterized as exaggerations; they are falsehoods.

WM. W. GOLDEN, M.D.

Elkins, W. Va., Aug. 25, 1906.

The *Record* should have gotten its facts from this Journal, and a little enterprise from the *Journal Am. Med. Asso.* Dr. Fulton we turn over to the *Virginia Semi-Monthly*, which has this to say of him:

"If Dr. John S. Fulton, of Baltimore, Secretary of the Maryland State Board of Health, is guilty of the conduct charged against him, he is not fit for the responsible trust imposed upon him." J.

To the Members of the State Medical Association, a Word:

Don't send us your dollar for subscription, which is paid when you pay your local society dues, one dollar of which the State Society treasurer sets aside as subscription to your Journal. We have returned a number of dollars to members who failed to carefully read the minutes, which contained the following:

(Secretary's Note.—It is understood that for the present at least the total of dues and subscriptions is not to exceed $2.00 per annum, and that the Committee on Publication is to discontinue the publication of the Transactions in book form.)

Since you are thus relieved from sending your own dollar, can't you send your neighbor's? A few words from ech of our members would soon double our subscription list. What physician who has any interest in the profession of his state would decline to contribute one dollar when he is to receive 300 pages of good, instructive reading, and much information as to what his brethren throughout the state are doing? Show this October number, if your friends have missed a copy, and send the dollars in. Pull all together!

New subscribers can get our first issue, if they have not yet received a copy.

We wish to repeat our invitation to our constituent societies to send us items of professional interest. Not everyone is a successful reporter, but every society can certainly find one member who has both capacity and willingness for such work. Select him, send us his name, and we will soon be able to print a list of reporters. Our items for this issue are from volunteers who have our hearty thanks. One will work more willingly if it is made his official duty. Try it.

We desire to institute an abstract department. If you read a very good medical paper in any journal, sit down, make a careful abstract, giving in brief the valuable points, and send to us. You will thus impress the points upon your own memory and confer a favor on all readers of the JOURNAL.

Our readers will note a change in the cover and paper of the JOURNAL. This is to be the style of the JOURNAL through the year, as it was originally designed by us. The printers were disappointed in the paper secured for our first issue, but were prompt in securing the present greatly improved quality, which we hope will be satisfactory to all our readers.

Our advertisers are all reliable. We desire no other kind. Patronize them, and tell them that you saw their ad. in our Journal. Thus we may hold them and win others.

Count that day lost whose low descending sun sees nothing for your JOURNAL said or done.

The tenderness in appendicitis may not be (probably usually is not) just at McBurney's point. The base of the appendix is, however, usually at, or near, the point. The site of greatest tenderness is often over the tip of the appendix. A line drawn between that site and McBurney's point will many times represent the general direction in which the appendix is lying.—*American Journal of Surgery.*

Kind Words

We present below a few of the many encouraging words we have received since our first number was issued, assuring our readers that we will not give them any number less worthy their favorable reception, provided we can always have their co-operation.

The most recent addition to the state journals is the *West Virginia Medical Journal,* which, with its August number "with its very best bow, steps modestly into the charmed circle of state medical society journalism, and hopes for a warm welcome." There is little fear that it will be disappointed, as it covers a territory in which a clean, ably edited and aggressive state journal is gretly needed. The first number, carefully edited and well printed, appears in magazine form, with fifty pages of reading matter. * * * * The new journal is in the hands of a committee on publication, consisting of Drs. S. L. Jepson, L. D. Wilson and John L. Dickey, all of Wheeling, and is printed in Wheeling. We feel sure that the members of the West Virginia State Medical Association will appreciate the great benefit to be derived from this new journal, and will assist those in immediate charge in making it a power for good and a credit to the profession of West Virginia.—*Jour. Am. Med. Asso.*

I wish to compliment you on the appearance of your journal and have already written an editorial referring to several items that were taken up in your annual meeting. —*Editor Ill. State Med. Jour.*

One by one the state associations are adopting the plan of publishing their proceedings in journal form. The latest to "step modestly with its best bow into the charmed circle of state medical journalism" is the *West Virginia Medical Journal.* We are glad to welcome it, and trust that it may be the means of doing great good. We feel sure it will be a success.—*Texas State Med. Journal.*

The first number of your State Journal has just this morning reached me, and I beg to compliment you most highly upon its appearance. It will be a very welcome addition to our list of exchanges, and I feel sure will be a very strong member of the family of State Journals.

If we can serve you in any way, please do not hesitate to call upon us.—*Editor California State Jour. of Med.*

West Virginia Medical Journal received, and am very pleased with the editorial matter and the general make-up. We have put you on our list and wish you success.—*Editor Critic and Guide, N. Y.*

Congratulations on the very creditable appearance of the *West Virginia Medical Journal.* We shall take pleasure in adding your journal to our exchange list.—*Editor Providence Med. Jour.*

Committee on Publication:

Gentlemen:—From a knowledge of the literary and professional ability of the members of your committee and their well tried devotion to everything which tends to further the progress of the profession of the state in general and that of our Association in particular, I had reason to expect that the Journal will prove a creditable publication. I have carefully read the advance copy you sent me and feel that our members will not begrudge me the granting of a little space in the next issue in which to say that your committee has far exceeded my expectations. I am quite familiar with the journals published by other state associations, having been favored with complimentary copies of all of them regularly during the five years that I have served our association as secretary. This should put me in a position to express a more or less proper opinion. I wish to say that in all essential features our Journal is equal to the best of association journals and that in no respect does it fall behind the average of them. That your committee was able to place in the hands of our members a full-fledged journal within fifty days from the time the House of Delegates ordered its publication is remarkable, and shows a degree of activity and interest worthy of emulation by our other committees. Should our councilors and members of the Committee on Public Policy and Legislation be equally active, then by the time we meet again we shall find every eligible physician of the state a member of the association and every medical law needed for the protection of the public and the profession on our statutes. Let us hope that this will prove to be the case. Fraternally yours.—*Wm. W. Golden, President.*

The first copy of the *West Virginia Medical Journal* reached me this morning and I

am very much pleased with it. I think that it compares favorably with any state journal that I have seen, and I think that the profession of West Virginia is very much indebted to you.—*T. W. Moore, Secretary.*

Huzza! Bravo! and a rip-roaring tiger for the new journal and its editors! It is O. K. and surely has come to stay. I cannot but feel that the starting of the Journal was a wise move, and as a medium of acquaintance and stimulus to a community of kindred spirits it surely will meet our expectations.—*T. L. Barber, Treasurer.*

Together with a number of relatives, having examined the first born of State Med. Association, I write to congratulate you and all contributing to such a production.

The child is remarkably clean and well proportioned. While all the members speak of it as *ours* they admit that it resembles no one so much as the chairman of the Publication Committee.—*T. W. Hood, ex-President.*

You have my hearty congratulations. I am proud of the first issue of the *West Virginia Medical Journal* and hope it will be long-lived and useful. I will try to help push the Journal along if I can at any time find anything which I think will be of interest.—*C. S. Hoffman, Ex-President.*

The *West Virginia Medical Journal* received this morning. Accept my sincere congratulations on the appearance, accuracy and general contents. I have no fault to find whatever.—*G. D. Lind.*

I have received our *West Virginia Medical Journal,* and after a careful perusal of same, herewith hand you my dollar and congratulations. Under your able editorship, and with the help of your excellent committee, I am sure we shall feel proud of our Journal. Every physician in the state should make it his business to secure both subscribers and advertisers. Would it not be well to have each president of each component society, at their next meeting, address his society in the endeavor to secure subscribers? With the very best of good wishes for you and our Journal, I am, sincerely yours.—*Rolla Camden.*

We are compelled, by lack of space, to omit a number of other very pleasant things from our members, to all of whom we are sincerely thankful. We print Dr. Camden's letter in full because of the excellent suggestions he makes. We are quite sure that a little effort to secure subscriptions from non-members will be rewarded by a large increase in our subscription list. Take this matter up in your societies and unite your efforts in behalf of your Journal.

Excerpts

ORGANIZATION. LEGISLATION. NOSTRUMS.

The following is an extract from the presidential address of Dr. D. C. Grove of the Missouri State Medical Association. It is just as applicable in our state as in Missouri, and is well worth reading and heeding.—Ed.

Almost as far back as history runs the doctor has been a prominent factor in the affairs of the race, and has contributed more to its welfare, its prosperity and its happiness than any man of any other vocation in its history, and his calling has ever been recognized as one of the most honorable and dignified that has challenged the attention and admiration of men, so much so that the Son of Man considered it not unworthy to be called "The Great Physician." But while the individual doctor has ever labored for the advancement and amelioration of his kind, it is only in organization that he can hope effectually to translate his works into the organic law of the land. Every law upon the statute books of your state relative to sanitation and to stamping out contagious and infectious disease has been placed there by the State Medical Association after hard, painstaking labor upon the part of some of its members. One of the strange things of humanity is, that the representatives of the people in their legislature assembled have to be persuaded, cajoled and sometimes almost threatened before they will vote for a bill regulating the sanitation of the state, and the suppression of virulent contagious diseases which, left uncontrolled, might decimate the population of our commonwealth, or before they will pass a bill to prohibit an imbecile from practicing medicine within the borders of the state, and feast and thrive off of the misfortunes of its citizens. * * *

And yet our legislatures refuse to interfere when we ask for the remedy to eradicate these evils!

The first great object of this association is to banish contagious disease from the borders of the state. The triumphs of medicine in this line are among the mar-

vels of the world; to recount them, coupled with the history and achievements of the men whose conceptions made possible the suppression of smallpox, yellow fever, diphtheria, cholera and malaria, would be an evening's task of unalloyed pleasure. * * * * Should a pestilence exist here, suppress it; should your child contract diphtheria, quarantine it and protect your neighbor's child: should smallpox break out in your town, vaccinate the unvaccinated and shut off communication with your neighboring towns; should the water supply of a town or community become polluted and infect its citizens with cholera or typhoid fever, correct it and stop the source of infection. Wherever and whenever contagious or infectious disease shows itself, quarantine, clean, purify, disinfect, vaccinate, is the cry of our profession to the state, accompanied by the demand that these procedures be incorporated into the laws of our commonwealth and enforced as rigidly as the laws against murder or the laws against pilfering your neighbor's property.

We war against quackery in all of its forms, not only out of, but in the profession. We not only seek to suppress the blatant, loud-mouthed, ignorant imbecile, whose newspaper advertisement, which greets you every morning in your daily paper at your breakfast table, is an insult to the intelligence and enlightenment of our citizenship, and whose effrontery is so brazen as to indicate intimate relationship with the inferno, but we warn our own members that he who advertises his own wares as superior to those of his professional brother, that he who by the shrug of his shoulder, the elevation of his brow, by the wink of his eye, or any other act would derogate the standing of his brother and elevate himself, that he who by innuendo or insinuation would endeavor to pull his professional brother down that he himself might climb over his prostrate reputation, savors of the quack and is unworthy the company and association of reputable men. In order to effectually accomplish these ends our organization is compact, with the county society as the unit, as the county is in the organization of our state government, and the voice of the smallest county society may be as potent in the direction of affairs as the voice of the representative of the most powerful society in the state. There is no ground for jealousy or bickering, as every county in the state which will comply with the laws of the association may find representation in the legislative hall of the body and be heard upon every question which may come before it. At first, I did not think the workings of the association would be practical, but the more I study them, the more I am persuaded that their provisions are wise, and that the organization is as nearly perfect as any scheme of organization could be. Under it we can become a power in the state; under it we can hope to secure the recognition we ask and to which our numbers and position entitle us. Working along these lines and under its provisions we may hope, not only to banish contagion from our borders and to cleanse and purify the state from the foul stench of quackery which confronts us on every hand and cries to the very heaven, but to develop the association to the highest degree of usefulness and to present the individual doctor in every way worthy of his calling. The organization is complete, it is sufficient, it is thoroughly furnished to accomplish the ends for which it was organized, and it should be sufficient to imbue its members with an ambition to make the State Medical Association one of the great and powerful institutions of the commonwealth; it should stimulate their pride, it should awaken in them a zeal to attend its meetings, it should engender among them a generous rivalry to become members of the House of Delegates and participate in the law-making functions. It should stimulate us all to high ideals and more resolute deeds for the welfare of the association and the up-building of our beloved state. Had I my professional life to live over, I would never miss a meeting of this association, I would write a paper for its every meeting, read it when I could, and when I could not, listen to some one who had written a better one than I could hope to write.

A word to my professional brother from the country. We have been entirely too negligent in the preparation of papers for the meetings of our association and have turned over the scientific program too exclusively to our city brother. While it is true that in very many ways the city doctor has immeasurable advantages over the country doctor, in chances of necropsies, in opportunities for original investigation, in

intercourse with his intimate professional friend who may possess expert knowledge on a particular subject; in his access to great libraries; in easy approach to hospitals, where he may visit its clinics, watch its operations and take daily notes of the progress of new experiments and new procedures; yet there are still some advantages which accrue to the man in the country, who comes more intimately in contact with his patients, learns more of their private life, sees more of the side issues of disease, and frequently has experiences alien to the denizens of the city; he has to be more self reliant than the man in the city because he cannot always find help just across the way, and has to solve many problems alone, which his more or less fortunate city brother calls in a consultant to help solve for him, so that without being immodest at all, we might occupy more space on the scientific program and still the association not suffer in the tone and pitch of the papers read before it, and the whole profession be benefited by the active participation of all classes of its members in its scientific proceedings.

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That man who waits for the representative of some proprietary medicine to come in and tell him what to give his patients possibly may escape being classified as a charlatan, but he certainly has very little respect for his own professional attainments and voluntarily surrenders his learning, his privileges and his duties to some one else who knows absolutely nothing of his case. With the subtlety of an Iago, the proprietary medicine man steals the wealth, position and reputation of an unsuspecting profession and supplants professionalism with a damning commercialism, all because physicians allow it and are controlled by a habit which they 'disdain to control'; he comes with a pleasing smile and presents you with a bottle of Gastritico, Hepatica or Duodenatica with his positive opinion that it will cure your patient, and you are assured it will because it bears the name of the organ affected; and of course it works, it just can't help it, and there you are, your individuality gone, your attainments sacrificed, your professional acumen handed over to organized greed. "Eternal vigilance" is not only "the price of liberty" in affairs of state, but in the medical profession as well. It is high time that we should shake off the lethargy which this practice begets, and assert our privilege to practice our noble profession in our own way and give to our patients the benefit of our own knowledge and not turn them over to the greedy maw of a soulless corporation which makes stuff to sell. It is my honest belief that proprietary medicine is doing more to undermine professionalism today than all other influences combined; it lulls the doctor to sleep with the insidious proposition that it will do his thinking for him, and eases his conscience with the unction that he has done the best possible thing for his patients because he has medicated them with a nostrum which is backed up by a corporation with lots of money behind it, and it would not of course spend its money on the remedy unless it was a good thing—for the corporation. Either this nefarious business must be stopped or professionalism is dead, and the erection of high standards of culture of medical men worse than a useless waste of time and money. The remedy lies at our own door and only requires a negative action on our part to effect a perfect cure. Stop prescribing them; your patients will stop taking them and their manufacture will suddenly cease. Their proprietors rely upon us as their active agents for the sale of their products, and if we cease our participation in the spread of the business the only possible middle man between the manufacturer and the people has been removed and there is no longer possibility of contact.

The foregoing impress me as some of the immediate needs of the profession and of the state, and the sooner that these shall become established law and custom the sooner will this association be on the high road to the accomplishment of some of the aims for which it was instituted, and the sooner will the individual physician begin to realize his high calling, his duties to his state, to his neighbor and to himself, and to sing the song of that inspired physician who wrote:

"There are hermit souls that live withdrawn
In the place of their self-content;
There are souls, like stars, that dwell apart
In a fellowless firmament:
There are pioneer souls that blaze their path
Where highways never ran,
But let me live by the side of the road,
And be a friend to man."

—*Jour. Mo. State Med. Ass'n.*

DEFENSE AGAINST MALPRACTICE SUITS.

The Chicago Medical Society several years ago instituted a plan of defense of its members against suits for alleged malpractice, nearly all of which, as is well known, are grossly unjust. Since our State Association has appointed a committee to consider and report on this subject, our readers will be interested in this report of the Chicago Society committee having this matter in charge. At its last meeting the Illinois State Association inaugurated a movement looking toward the adoption of the plan for that society, and upon that proposed action is based the editorial from the Illinois Journal which follows the Chicago committee's report.—Ed.

REPORT OF MEDICO-LEGAL COMMITTEE OF THE CHICAGO MEDICAL SOCIETY FOR THE YEAR ENDING JUNE 20, 1906.

The year has been an eventful one for the committee because of: First, the large number of malpractice suits which have confronted it; second, the increasing duties regarding other than malpractice cases; third, the affiliation of the Homeopathic Medico-legal Committee; and fourth, the beginning organization of the state medico-legal body.

During the year seventy-seven suits or threatened suits for malpractice have been brought before the committee. Not all of these have come to trial, many of them having been settled out of court. Many others were dropped when legal action was taken to force collection of fees.

But one judgment has been rendered against a member of the Chicago Medical Society, and that has since been set aside. Not a case has been decided or final judgment rendered against a member of the society for malpractice since the existence of the committee.

Among the more common causes of malpractice suits this year we notice are an effort to evade the physician's bill, obstetrical cases, injuries of children, and insufficient attention on the part of the physician to his patient.

We would again call your attention to the fact that anyone, no matter what his standing or reputation, can bring a malpractice suit regardless of cause. He is frequently urged to do so by some irresponsible attorney. If a law could be enacted which would require an indemnifying bond before instituting suit, few malpractice suits would be heard of.

At the close of the last fiscal year, June 30, 1905, the medico-legal fund amounted to $791.12. At a meeting of the trustees held October 9, 1905, the sum of $1,246 was ordered transferred to the medico-legal fund, making a total of $2,037.12. The expenses of the committee to June 1, 1906, have been $550.98, so that we now have a balance to our credit of $1,486.14. Since October 16, 1905, the date on which the last transfer was made, 485 members have paid dues up to June 1. When this amount is ordered transferred to the medico-legal fund by the trustees our fund will then amount to $1,971.14.

Other work ahead of this committee we may speak of is the compilation of all decisions on malpractice suits handed down by the courts of this state especially, and better still of all the states, and the law pertaining thereto. This will become necessary and will be of untold value to the profession, and if properly done will save much work in the future.

Of the work before the committee at present the organization of the state committee is most important. On this state committee will depend the success of medical defense for the entire year. The present plan of organization is to have elected from each county society one member, and from Chicago three members, which, after their election, will form the medico-legal committee of the state society. This committee will then proceed to elect an executive body of five members. This executive body, with the aid of the member from the county in which the suit is brought, will, with the additional assistance of our attorneys, look after the malpractice suits as they are entered.

As the state society has but recently taken up the question of medical defense, there is at present no fund with which to work. The arrangement for such fund was made by which one dollar of each member's annual dues will be reserved for that purpose. As it is of the utmost importance that this committee be organized at once, and that it begin its duties immediately, we would recommend that the Chicago Medical Society loan to the State Medico-legal Committee, for one year, its fund now in the treasury. At the end of the year this fund can be repaid and the committee still have in the treasury enough money with which to prosecute its work. The maintaining of

a large fund is a necessity for the fullest benefits from this committee.

H. N. MOYER. W. A. EVANS.
C. D. PENCE.

A STRONG FACTOR IN ORGANIZATION.

The Springfield session of the Illinois State Medical Society was, perhaps, the most successful ever held. By far the most important action taken at this meeting was the adoption, by the House of Delegates, by a unanimous vote, of the system of medical defense proposed by the committee appointed two years ago. It is a matter of congratulation and pride that the Illionis State Medical Society has been among the first of the state associations to adopt a uniform plan of defense, embracing and protecting every member of the organized profession in the state. We do not hesitate to predict that this will prove to be the most potent act for the completion of organization and the unification of the profession throughout the state that has ever been inaugurated by the State Society. It is now three years since the Chicago Medical Society introduced the feature of medical defense as one of the advantages of membership. The experience of this society has proven beyond a doubt that co-operative protection against malpractice and damage suits is the strongest argument that can be presented to the individual physician to induce him to become a member of his local medical society. Not only does the introduction of this feature mean increased membership and greater promptness in the payment of dues, but it also means a community of interest, a co-operation and a solidarity never before possible. It has been abundantly demonstrated that 90 per cent. of all malpractice and damage suits against physicians originate in the activity of some members of the legal profession, who work up these case upon a contingent fee basis. The lawyers who do this kind of work generally possess more shrewdness and knowledge of the weaknesses of human nature than they do reputation and standing in their profession. They know full well that the average physician is rarely threatened with damage suits and that the average lawyer has had little or no experience in their management. When they find that, instead of having one member of the profession and a hastily prepared and illy-equipped lawyer to fight, they have opposed to them the organized profession of the county and state represented by an adequately paid lawyer who is able to devote his time to this case, it usually happens that they advise their clients to withdraw their suits, as there is no prospect in view except the possibility of having the court costs assessed against them. The result is that the only cases left for the committee on medical defense to handle are those in which there is a real basis for action or where the plaintiff honestly believes he has cause for action. Such cases can almost invariably be settled out of court in a manner that will prove an actual saving in money to the physician, to say nothing of the saving in time and labor.

If the medical defense plan proves as potent a factor in bringing new members into the state as it has into Cook County Society, (and there is no reason why it should not), two years from now should see a state society of seven thousand members, including practically all of the reputable members of the profession in the state. The Illinois State Medical Society has never undertaken a work of greater importance than this. The experiment will be watched with great interest by all of the other state associations. If it is successful in Illinois, it will be quickly taken up by our sister associations. The management of the fund and the conduct of the work are to be in the hands of a committee composed of one member from each county society in the state. These men should be selected with the greatest care. Each county society should be sure that the member selected to represent it will be active, diligent and untiring in his efforts to conduct this work so that it may redound to the benefit of the state society as well as to each county society and every member thereof. If the experiment is successful, in a few years the State Society will be in a position to undertake other lines of work, such as the payment of court costs or of damages following suits against its members, or the establishment of a central business bureau for conserving the business interests of its members. Much depends upon the men in whose hands the work is placed. It is to be hoped that each county society will fully consider the matter, and will select its representative with care and foresight.—*Editorial in Illinois Medical Journal.*

Correspondence

Cambridge, Mass., Aug. 12, 1906.

Editor West. Va. Medical Journal:

Complying with your request for a few notes gleaned from post graduate work here, I would say that to a casual observer all things here historical seem to center around the Revolutionary war; all things medical around the discovery and introduction of ether. Considering the admitted literary bent of the Boston mind, it seems passing strange that so comparatively few medical and surgical works have been written here. However, the earnestness and enthusiasm of the teachers in the summer work is contagious, and I believe that some phases of practice as seen here are peculiar and not without general interest.

The surgery I have seen has been skillfully done with nothing peculiarly distinctive. Illustrating a seeming tendency to conservatism, one of the surgeons is fond of telling his students of an old practitioner who lived not far away who became very expert in the diagnosis of and operation for appendicitis. His fame spread and the disease became exceedingly popular and common in his community. Finally the good doctor died and was gathered to his fathers and the number of cases of appendicitis suddenly fell off ninety per cent.

Some years ago a case of supposed sepsis came into one of Prof. Shattuck's wards here, and receiving a liberal diet of semi-solids, he did splendidly; but before going out the trouble proved to be typhoid fever. This led to the adoption of the Shattuck diet in typhoid, which is in constant use in the Massachusetts General Hospital. It is based solely upon the individual patient's appetite and ability to digest. Besides the ordinary liquid foods, the average patient gets toast, soft boiled eggs, chopped meats, and custards through the entire course. Sweet milk is not particularly in favor as it is claimed that the hard fecal masses it produces irritate the bowels. No drug is given as a routine. Baths are given for the most part in bed on a rubber sheet, more with reference to quieting the nervous system than to the actual reduction of temperature. Only a third of the patients get whiskey, which is looked upon as a food, not a stimulant, but is held to do good in some obscure way not clearly made out. Patients are allowed to sit up in bed the second day following a normal afternoon temperature. They claim that complications are not so common, that the patient gets out sooner and the mortality rate is no higher. I do not note that the type of disease differs from ours in West Virginia.

No new drug or ray of hope is offered in the treatment of pneumonia. The mortality rate is held to stand exactly where it did fifty years ago. The treatment is simply summed up in good nursing. The one measure highly recommended for all cases of this disease as well as in pleurisy, is a swathe made of flannel or adhesive and drawn snugly tight around the chest from chin to waist.

Nothing of particular interest is offered in the treatment of tuberculosis except that nearly all cases get olive oil. Those who cannot afford this get cotton seed oil. The state sanatorium admits no cases deemed incurable, and is proving a success. Its greatest trouble seems to be in keeping its three hundred patients occupied and content to stay.

The poor incurable is provided for largely by two tent colonies in the suburbs. They spend the nights and time of severest weather at home, and the days at the colonies, where proper food is served and careful instructions drilled into them relative to the care of the sputum and arrangements for sleeping and general regimen at home. One of these colonies is supplied with food from a small general hospital near by, whose authorities state that this entails only a trifling expense, as a regular cooking outfit must be kept going at any rate. This latter appeals to me as being the best practical solution of this problem for all small cities possessing a hospital.

In the diagnosis and treatment of stomach derangements there is a tendency to allow this organ far more latitude as to size and per cent of acid in its contents before branding it as per se pathological. The stigma is thrown upon the nervous system so that the dyspeptic, instead of being dosed unceasingly with alkalies and acids, gets them for the relief of symptoms and the underlying cause of his neurasthenia is sought out. Just how much this line of research has been stimulated by Christian Science, which is rampant here, it is difficult to say.

The current is strong toward the use of few and simple drugs, and the substitution of nature's remedies carefully and systematically administered; notably good food, fresh air and sunshine, for cod liver oil and tonics; in selected cases of heart trouble exercise and baths for digitalis; vacations and the elimination of the various sources of worry for bromides and stimulants in the treatment of neurasthenia.

With my very best wishes for yourself and the success of the Journal, I am,

Yours sincerely,

J. W. PRESTON, M.D.

THE PRINCIPLES OF OSTEOPATHY.

Editor West Virginia Medical Journal:

Under the above title in *The Independent* of November last Dr. A. T. Still, the inventor or discoverer of this latest fad in medicine, gives a full account of his so-called "principles." If the principles are no more correct than much of the author's English we are sorry for his victims. He says: "The mechanical displacement of the bony vertebrae constitutes most of the lesions causing disease." But here is the whole thing, and, strange to relate, these queer folk actually have some intelligent followers. Read the gospel by Saint Still:

"Further study of the nervous system showed me that all the bodily functions were carried on by and had centers in the cord which gave off from these a pair of nerves between each pair of vertebrae to control the sympathetic system and the organs and viscera of that segment of the body. These nerves passed out through very small openings, called foramina, and through these same openings between the vertebrae passed in the blood vessels supplying the cord. Through these tiny openings, then, went all the vital impulses between the cord and viscera, and also the gross nourishment of the cord. Through them went life. (All of which was known to the medical profession long before Still himself was discovered.)

"Here, as nowhere else, would an apparently minor condition cause widespread results, and here I found most of the mechanical derangements that I knew must precede disease. I say most, because other mechanical lesions, such as contracted muscles, tumors causing sciatica, constipated colon causing varicocele, etc., do occur, but at these foramina we find the seat of ninety-five per cent or more of the lesions. The lesion consists of a slip or subluxation of a vertebra causing a change in the size of the foramen and consequent interference with the nerves and vessels. This theory has been proven a fact by examination, treatment and cure of thousands of cases. That it is possible, no one but a fool can deny; that it is a fact, no one who has thoroughly investigated will deny."

Here is richness for you. Ninety-five per cent of all disease is due to displacement of a spinal bone! The great father of the fad has said it, and signed his name to it. Most physicians would claim that 75 per cent of their patients are suffering from some form of acute disease, chiefly due to infection, but the germ theory is nowhere! The spinal bones are out of place! No need for carbolic acid, bichloride or formaldehyde after such diseases. Why waste your money on disinfectants? Rheumatism a germ disease? Nonsense. Put that bone in place so that the blood can glide through the foramen smoothly and all will be well. Headache will vanish more quickly than after one of those deadly "headache powders" when the cervical vertebra is put right. So says Still, who claims many cures and gets them, I doubt not. So did Perkins get them with his "tractors," or pieces of bent wood, and set London on fire with enthusiasm so that $50,000 were contributed for his benefit. So does the Christian Scientist get cures. So did Mesmer many years ago by manual touch less rude than that of Still. So does every intelligent physician, by the wise use of suggestive therapeutics, accompanied, it may be, by the administration of inert remedies to produce a needed mental influence where nothing but functional derangement exists. The profession has long known that cure of a certain class of diseases is positively no proof of the merit of any particular form of treatment. Create a new sensation, a new ambition, a new hope, a new faith, and the cure results. Elizabeth Barrett was cured of a disease that had kept her in bed for years by her love for Robert Browning, and she arose and walked off and married him. Her's would have been a good case for osteopathy, but the new passion was a pleasanter remedy. The San Francisco earthquake proved an equally effective but less agreeable remedy for many cases that had passed for paralysis. Along this line Dr. Walsh, of New York, remarks in reply to Still's claims:

"It is from among this class of persons that the cures made by Christian Scientists are recruited. At least as many patients have been cured by Christian Science as by osteopathy in this country. Were the ailments of such persons, therefore, imaginary? Not entirely

Their sense of discouragement, however, prevented their nervous system from exercising sufficient control over certain tissues to enable them to throw off low grade pathological processes. If the mere influence of suggestion, the only remedy of Christian Science, can accomplish so much, it is easy to understand how much may be expected from similar suggestions aided by the influence upon the mind of the repeated, systematic manipulations of an osteopath in whom confidence is reposed. The chronic sufferers who become the vaunted cures of the osteopath now belong to the same class that have always in all ages enabled the irregular practitioner of medicine to point with pride to his cured patients, and so gain new adherents for his system. In all the history of medicine, however, not a single therapeutic measure of enduring value has ever been introduced to the notice of the medical profession in this way.

"The general public seems to think, as Dr. Still hints, that the regular medical profession is opposed to Osteopathy as a method of treating disease. Any manipulations that will aid in the cure of disease, any rubbings that by favoring the circulation to certain parts will relieve symptoms, any massage or other physical measures that will help suffering humanity, the medical profession is not only perfectly willing, but ever ready to accept and adopt. There is only one reason for the opposition to legislation that would allow osteopathists to treat disease. The human body is an extremely complex machine. Those who spend a lifetime in its study are only too ready to acknowledge how little they know about it at the end. If physicians are to practice medicine and treat disease with any hope of success, they must as far as possible know all that is known up to the present time about the body and its diseases. If the osteopaths will but pass the ordinary State Board examinations in medicine, the regular profession will be only too willing to let them practice the cure of disease as they think best."

The point of interest in this whole matter is in the last suggestion. The law regulating practice should be so amended as to define the practice of medicine as any means put forth for the healing of the sick, whether these be mental, mechanical or medicinal. This done, every one holding himself out for the treatment of disease should be required to pass the same examination before the State Board of Health as is the regular graduate of medicine. Anything short of this is rank injustice to the young men of the State who spend many hundreds, and some even thousands of dollars in acquiring a thorough knowledge of medicine in all its departments, and then have to compete with a neighbor who has been taught that when a man gets sick his spinal bones have become dislocated. Where is the sense of justice in our legislators! Where is their regard for the interests of the people, who must, by the neglect of our legislature, continue to be imposed upon by these modern faddists! *Before your votes are cast this Fall is a good time to sound your candidates on this question.* L. E. N.

STANLEY'S NOTES ON MALARIA.

Editor of The West Virginia Medical Journal:

SIR:—I am happy to say that the subject of malaria is of little interest to physicians of this section. I believe there are no cases at all among those who have resided here for any length of time. We have hundreds of Italians here, and it is not uncommon for newcomers to reach here with the disease. Whether the altitude, about 3,200 feet, is responsible for our freedom from this disease I do not know. There are but few mosquitoes here.

I have recently re-read that most interesting book of Stanley's, "In Darkest Africa," and was forcibly struck by Stanley's comments on malaria. It seems to me that he and Emin Pasha, more especially the latter, for whose rescue the trip was made, came very close to the mosquito theory of the transmission of malaria.

In Vol. 2, page 31, under date of October 5th, 1888, will be found the following: "Among my notes on the 5th of October I find a few remarks about malaria. While we have traveled through the forest region we have suffered less from African fevers than we did in the open country. A long halt in the forest clearings soon reminds us that we are not so acclimated as to utterly escape the effects of malaria. But when within the inclosed woods our agues are of a very mild form, soon extinguished by a timely dose of quinine. On the plateau of Kavilli and Undussuma, Messrs. Jepson, Parke and myself were successively prostrated by fever, and the average level of the land is over 4,500 feet above the sea. On descending to the Nyanza plain, 2,500 feet lower, we were again laid up with fierce attacks. At Banana Point, which is at sea level, ague is only too common. While ascending the Congo with the wind astern we were unusually exempted from ague. But descending the Upper Congo, facing the wind, we were smitten with the most severe forms of it. While ascending the Aruwima we seldom thought of African fever, but descending it in canoes, meeting the wind

currents, and carried towards it by the river flow and paddle, we were speedily made aware that acclimatization is slow. Therefore it is proved that from Oto, 5,000 feet above the sea, there is no immunity from fever and ague, that over 40 miles of lake water between a camp and the other shore are no positive protection; that a thousand miles of river course may serve as a flue to convey malaria in a concentrated form; that if there is a thick screen of primeval forest, or a grove of plantains between the dwelling place and a large clearing or open country, there is only danger of the local malaria around the dwelling, which might be rendered harmless by the slightest attention to the system, but in the open country neither a house nor a tent is sufficient protection, since the air enters by the doors of the house, and under the flaps, and through the ventilators to poison the inmates. Hence we may infer that trees, tall shrubbery, a high wall or close screen interposed between the dwelling place and the wind currents will mitigate the malarial inuence, and the inmate will only be subject to local exhalations.

Emin Pasha (The Faithful Physician) informed me that he always took a mosquito curtain with him, as he believed that it was an excellent protector against miasmatic exhalations of the night. Question: Might not a respirator attached to a veil, or face screen of muslin, assist in mitigating malarious effects when the traveler finds himself in open regions?"

Emin was protected from the disease by the mosquito netting, Stanley, while ascending the river by favoring winds.

I have not had the pleasure of reading anything from the pen of Emin Pasha, but I have no doubt that he wrote much that would be interesting to a physician, though he seems to have been more naturalist and botanist than medical man.

A. P. BUTT, M.D.

Albert, W. Va., Sept. 1, 1906.

Marked tenderness over the lower end of the radius, after traumatism, without deformity, is suspecious of fissure of the bone. Mobility or crepitus may be obtainable.—*American Journal of Surgery.*

In determining whether or not to operate after injuries to the head, a surgical judgment of the case is usually better than one based strictly on the application of neuro-logical rules.—*American Journal of Surgery.*

Manuel Garcia, the renowned teacher of voice culture and inventor of the laryngoscope, died in London on July 2 at the great age of 101 years. His physical and mental powers remained good until near the end, and he continued to give occasional music lessons, and to interest himself in the ordinary concerns of life to the last. What a loss the world would have suffered, had this man been Oslerized at 60!

Society Proceedings

OHIO COUNTY

Regular Semi-Monthly Meeting—Symposium on Bright's Disease.

The program of the meeting was a symposium on Bright's disease, which was opened by *Dr. Schwinn,* who discussed the etiology and pathology of the different forms of nephritis, by means of colored diagrams. He refreshed the memory of those present concerning the normal histology and gross anatomy of the kidneys, and discussed in a very lucid manner the physiological processes, and then elaborated upon this foundation, the pathological changes that take place as the result of age or disease. He further added to the interest and instruction of his contribution to the evening's program by exhibiting stained microscopical slides of specimens taken from actual cases.

Dr. Jepson, to whom has been assigned the topic of "Symptoms and Diagnosis," went into his subject very fully. Among other expressions of opinion he stated his belief that amyloid degeneration of the kidneys should be excluded from the category of Bright's disease. He likewise thinks that some cases of albuminuria should not be included, such as the albuminuria of adolescence, that following violent exertion, dietetic albuminuria, and some other forms. He called attention likewise in a special manner, to the symptoms that are common to both parenchymatous and interstitial nephritis. They are both insidious and in both there are disorders of function. Later symptoms suggesting uremia are noticed, with nausea or headache or anemia or loss

of flesh or increased arterial tension or eye changes or diminution of urea or dyspnoea with mental confusion.

He gave the following table of symptoms of the two varieties of chronic Bright's disease:

Chronic parenchymatous.	Chronic interstitial.
Early in life.	Late in life.
Apt to follow acute diseases.	Preceded by syphilis, high living.
Dropsy early marked and persistent.	Dropsy an insignificant symptom.
Urine diminished.	Urine increased.
Urine turbid (urates).	Urine clear, light; low sp. gr.
Casts abundant and varied.	Casts few.
Less marked arterial tension.	Marked arterial tension.
	Arteriosclerosis likely to be present.
Seldom loss of weight.	Loss of weight, at times marked.
Anemia marked.	Anemia less marked.
Progresses rapidly.	Progress less rapid; had one case to run over 20 years.

In closing he suggested that in every doubtful case of disease of any kind that does not promptly yield to treatment we should examine the urine.

Dr. Baird discussed the treatment of acute nephritis. We should use purging either by salts or elaterium. You should sweat by means of the vapor bath or by pilocarpine. During convalescence you may use the milder vegetable diuretics. Basham's mixture should be avoided and the diet restricted to farinaceous foods. These cases are helped by a hot climate. Acute suppression may be treated by cupping, very active sweating, purging and saline diuretics. The use of calomel and normal salt solution is to be thought of. The indications for the treatment of chronic parenchymatous nephritis are to lessen strain, if possible, and to relieve the symptoms reduce the amount of nitrogen by giving a farinaceous diet, or skim milk, two to four quarts in twenty-four hours. Buttermilk, koumiss and matzoon are valuable. A warm, equable climate is desirable, or where not obtainable, let the patient wear heavy woolen underwear day and night. Sweat the patient at intervals of one to four days. Lactate of strontium 30 to 50 grs. a day in divided doses may be used. Tinct. chloride of iron or Basham's mixture are valuable in the second stage. Diuretics to relieve dropsy are given in their order of efficiency herewith; bi-tartrate of potash; caffeine; pilocarpine, 1-20 gr. every two hours. A pill containing one gr. each of calomel, squill and digitalis is very efficient. The speaker was emphatic in contending against the puncture of the legs in cases of dropsy. The treatment of chronic interstitial nephritis is the same as that for other forms: regulating the diet so as to lessen the strain on the kidneys, stimulating the skin and intestinal tract to better elimination, administering iron and meeting uremic symptoms as they arise.

The discussion on the general topic was opened by *Dr. Ackermann*, who reported a case of interstitial nephritis showing peculiar symptoms from increased blood pressure, especially in the eye and capillaries of the face. He also reported a case of lipuria, a very rare condition. He thinks morphine should not be used in cases of nephritis and protested against injections of salt solution in case of uremia and eclampsia, as being unphysiological.

Dr. Hall reported a case of acute uremia where saline infusion had helped, but only temporarily.

Dr. Noome referred to the use of lumbar puncture, which he thinks has a future. In cases where it was used it gave immediate relief. Unfortunately, however, most of the patients were in extremis at the time it was resorted to.

Dr. Reed says we should always remember to examine the urine in recurrent attacks of diarrhoea and bronchitis. He spoke of the surgical treatment of nephritis lately advised by Edebohls, who encourages the profession to treat the chronic interstitial type by decapsulation of the kidney. Dr. Rosenstein, however, holds that no true case of interstitial nephritis has as yet been cured by operation. The matter is still *sub judice* and we should approach each case with care and with a guarded prognosis.

Dr. Covert thinks that we should make distinctions as much as possible in our minds when treating cases of nephritis. He called attention to the importance of watching the whole vascular system.

Dr. Howells reported a case of interstitial nephritis associated with general edema and ascites, likewise one that began nine years ago as renal asthma. The patient now has arteriosclerosis. He also reported a case of cyclic albuminuria. His experience leads him to think that backache is a very rare accompaniment of Bright's disease.

Dr. Campbell reported in detail the case

of Dr. Vankirk of Grafton, just deceased, from nephritis.

Dr. Megrail reported a case of uremic poisoning in a patient who seemed to be in robust health.

Dr. Osburn says he has used pilocarpine for twelve years. In all cases he used doses of ⅛ gr. and puts the patient in a hot pack. He has had good effects from elaterium as a hydragogue cathartic. It is safe to use. Theobromine combined with sparteine is a favorite with him as a diuretic.

Dr. Wingerter urged the examination of the urine in many cases of undefined and apparently trivial disorders in which we are now too prone to neglect it. He urged the importance of removing the cause of acute exacerbations of chronic nephritis. Concerning the use of pilocarpine, he has for years, with good effect and without any untoward symptoms, followed the advice of Dr. Porter, of New York, to use it in large doses, from 1-3 to 3-4 gr., under the skin. By its use in this manner its depressing effect on the heart is avoided, because of its rapid elimination. He added that when using it, in case a stimulant be necessary, we should never use caffeine.

Dr. Jepson, in closing, reported good results from the use of elaterium. He thinks that in eclampsia we may be justified in using morphine in some cases. He said of nitro-glycerine and the nitrites, that he has had good results from them in the dropsy of nephritis. He thinks that backache is sometimes but by no means always present in Bright's disease, and due to it. He thinks that Edebohl's treatment has not come to stay.

Dr. Schwinn reported on the case of Dr. Hall, which he had seen in consultation. The treatment was sweating, pilocarpine and salt solution. He urged the examination of the urine in every case of sickness. He makes it a rule always to examine for indican as well as for albumen and sugar. He suggested a method of physical examination of the abdomen, were it undesirable to use an anaesthetic. Put the patient in a warm bath for ten minutes, and you will be surprised at the perfect relaxation of the abdominal muscles. He thinks decapsulation of the kidney has not come to stay. The capsule can not be detached in contracting nephritis without doing harm.

Caffeine should not be used, as it acts on the epithelial cells themselves.

On motion the society adjourned.

CHARLES A. WINGERTER,
Secretary.

BERKELEY COUNTY.

Editor West Virginia Medical Journal:

Dear Sir:—I assure you that it was with great pleasure that I received and read the first number of the West Virginia Medical Journal. It is all right, and I wish you every success. Was very sorry to have missed the Webster Springs meeting of the State Association, as I know from the many delightful meetings I have attended that a good time was missed.

I had the pleasure of attending the great Boston meeting of the American Medical Association, and was so full of things medical that it became necessary to rest before trying to digest and assimilate more.

Dr. W. W. Golden, of Elkins, came to our county last spring, and a number of our physicians took advantage of the *golden* opportunity, and we organized the Berkeley Medical Society, which is prospering and will continue to grow.

We have plenty of able, progressive and up-to-date physicians in Berkeley county, and organization will bring forth fruit.

Our society meets every third Wednesday in each month. At the last meeting there was a general discussion of typhoid fever, and every member present took an active part.

The meetings have been interesting and profitable and we are getting better acquainted.

The general subject of tuberculosis will be discussed at our next meeting, which will be held September 19th. Yours truly,

J. MCKEE SITES, M.D.

Martinsburg, Sept. 8th, 1906.

BRAXTON COUNTY.

According to previous arrangements, eleven of the physicians of Braxton county met in Sutton on July 27th and organized the Braxton County Medical Society, electing the following named officers:

President, Dr. L. L. McKinney, Burnsville; Vice President, Dr. W. P. Newlon, Sutton; Secretary, Dr. W. H. McCauley,

Sutton; Treasurer, Dr. M. P. Squires, Flatwoods; Board of Censors, Dr. O. O. Eakle, Sutton; Dr. E. Vermillion, Palmer; Dr. F. M. Walsh, Sutton.

Other physicians present were Drs. J. R. Hughart and J. W. Kerr, Burnsville, Dr. I. L. O'Dell, Herald, and Dr. M. T. Morrison, Sutton. We feel very much encouraged with the start we have made and anticipate a good organization.

We expect all the reputable physicians in the county to become members of our society at an early day. The next regular meeting will be held in Sutton on the second Tuesday in September. Very respectfully,

W. H. McCAULEY, *Sec.*

Sutton, Aug. 30, 1906.

KANAWHA COUNTY.

The Kanawha County Society held its first autumn meeting on the evening of September 4th, at the office of Dr. Churchman, President. After a business session the following program was presented:

Paper.....Dr. G. C. Schoolfield
Ovarian Cyst, with report of cases...
..Discussion opened by Dr. Jas. Putney
Clinical report.....Dr. P. L. Gordon
Treatment of pneumonia.

IN MEMORIAM.

Dr. William M. Late.

Dr. William M. Late was born in Rappahannock county, Virginia, October 4th, 1833. He was a son of John and Elizabeth (Woodsides) Late. His father died when he was about four years old, and his mother in 1842 married Dr. William Duncan, of Loudon county, Virginia. In 1845 the family moved to Bridgeport, Harrison county, Virginia, now West Virginia, where Dr. Duncan engaged in the practice of medicine and in agricultural pursuits.

The early life of Dr. Late was spent on the farm and in attending the country schools. Later he studied medicine with his step-father, and in 1853 took a course of lectures in the Medical University of Maryland. In 1855 he graduated from the University of Pennsylvania and at once began the practice of medicine at Bridgeport, where he spent the remainder of his life.

October 21st, 1867, Dr. Late married Ella A. Harmison, who was born at Berkeley Springs, Morgan county, West Virginia, being a daughter of William and Frances (Hawkins) Harmison, and who died about a year previous to the death of her husband. Two children survive, Gordon B. and Fannie D., now Mrs. E. F. Garrett.

During August of last year Dr. Late became seriously indisposed, and toward the end of the month went to the home of his daughter in Philadelphia, where his sickness was soon pronounced typhoid fever, and where he died on September 5th, 1905.

Dr. Late and his wife were members of the Baptist church and their pleasant home was long noted for its genial hospitality. They were alike devoted and kind to each other, loving and gentle in the family, and pleasant and considerate with everybody. He was a Master Mason and a charter member of Bridgeport lodge No. 63, which was named in his honor. He was successful in business to an unusual degree for a physician, and held many positions of honor and trust in his county and state. He was a member of the Harrison County Medical Society, of the Medical Society of the State of West Virginia, and the American Medical Association, and in 1883 he was appointed a member of the State Board of Health, which position he held for thirteen years with credit to himself and to the state.

But it is as a physician that he will be longest and kindliest remembered. He was ever faithful and patient in his professional duties and work. No lack of gratitude nor any trying circumstance could in the least disturb the gentle serenity of his temper.

"His life was gentle; and the elements
So mixed in him, that nature might stand up
And say to all the world, This was a man."

Dr. Late, while a man of large and varied business affairs, never lost interest in his profession, but kept well abreast of the times. His mind worked calmly and smoothly, but always to logical conclusions. He was particularly ethical, and fair, and generous in consultation, and in all professional relations, as every one who came into contact with him pleasantly and fondly remembers.

"Greatness and goodness are not means, but ends!
Hath he not always treasures, always friends,

The good great man? These treasures—
love and light
And calm thoughts, regular as infant's
breath;
And three firm friends, more sure than day
and night—
Himself, his Maker, and the angel Death."

F. HOWELL.

The following additional tribute is by one who for years served with Dr. Late on the State Board of Health.

DR. W. M. LATE—A TRIBUTE.

Our estimate of men, as of things, depends greatly upon comparison. It is only when grouped in proper relation to each other and their individual qualities fairly compared, that the question of relative excellence can be justly decided. This gentle, kindly, self-effacing life was lived in comparative isolation. Had it been spent in a more favorable environment, where its majestic proportions could have been set off by the contrast afforded by associates of less conspicuous qualities, the recognition would have been instant and full, that here in truth was a notable specimen of the highest type of physician and man. Physically large and powerful, with a mind of unusual strength, exceptionally endowed in the higher realms of intellectual capacity where dwell those faculties which we are accustomed to assemble under the terms reason and judgment, he lacked only the advantages afforded by contact with cultured minds and the educational influence of a wider range of study to have taken a place in the foremost ranks of his fellows.

Of flawless integrity, transparent sincerity and stainless honor; inflexible in adherence to his conceptions of right and duty; sunny and genial; and, withal, possessing what one may term a benignant presence; careful and deliberate—never hasty—both in thought and action; weighing with scrupulous care every consideration that had a right to enter into the make-up of a judgment; wary in guarding against self-deception, and in eliminating the bias of prejudice, he presented an example of physical and mental equipoise rare and altogether admirable, and a personality singularly lovable. For fifty years, among the people of the little village of Bridgeport and its neighborhood, he came and went, in the modest and unobtrusive pursuit of his beneficent calling. To some—a few—there came no doubt a measurable appreciation and realization of the manner of man he was. To the many, he but seemed as one like unto themselves. To all alike his unselfish labors, his skill, his weary days and nights were impartially and ungrudgingly given. In him nature had assembled the elements of a great career, but to bring about the full fruition, circumstance denied the necessary conditions, and the bud so fair with promise never came to the flowering. When one thinks of the powers and possibilities of such a character, he is fain to express regret that they could not have been displayed upon a stage more illustrative of their merits, and that they could not have been given greater range for their activities. Undoubtedly the world, in the larger sense, loses much, it may not be extravagant to say the greater portion, of the truly priceless treasures of mind and character that are born into it. Repressive environment, circumscribed sphere of action, unappreciative association, rob us of much. Absorption in hum-drum affairs, a shrinking timidity, lazy indifference, and an Esau-like failure to apprehend the value of the birth-right, take still more. The gift divine, grown pithless through neglect and disuse,

"Like the fat weed
That roots itself in ease on Lethe wharf."

cumbers where it should illumine. But in the smaller world, our world, that circumscribed cosmos which bounds our small concerns, it is in this that these treasures find their garnering, where they shine and bless and leave their memories. Away, then, with regrets, even though it be that these

"Hands the rod of empire might have
swayed."

Let us rather rejoice, in that the gifts he withheld from the service of Fame, he devoted to us. The rewards she would have brought him appealed in vain to that great heart. To the voice of our sorrows and sufferings it ever softened. Tenderly and reverently we bear this brother to his rest, trusting to share somewhat of his worthiness when we shall follow him.

L. D. W.

In differentiating shock and concealed hemorrrhage *progressiveness of the symptoms* is very significant of continued bleeding.—*American Journal of Surgery.*

State News

For the following items we are indebted to Drs. A. P. Butt, J. E. Cannaday, W. W. Golden, O. L. Perry, J. B. Woodville, T. L. Barber and R. H. Powell.

Barbour County.

Dr. A. D. McChen has recently located at Meridan, Barbour county, in charge of the mine practice of the Philippi Colliery Co.

Dr. A. H. Woodford, of Belington, has so far recovered from an operation for appendicitis as to be able to attend to his practice.

Dr. C. B. Williams, of Philippi, has recovered from a severe attack of typhoid fever.

Dr. F. B. Murphy, of Philippi, was recently married to Miss Elva Bennett.

Brooke County.

Organization is in the air in Brooke county; and before another issue of the Journal we are confident that a good society will be in operation in that progressive county. The profession is well represented there, and a county that contains so good a college as old Bethany should no longer be without a good medical organization.

Greenbrier County.

Dr. C. W. Albert, of Falling Spring, has sold his practice to Dr. Samuel A. McFerrin, who will take charge October 1st. Dr. Albert will go to New York to take a special course on diseases of children and diseases of nose and throat, after which he expects to locate at some one of the larger towns of this state.

We are pleased to learn that Greenbrier is to have a first-class hospital within her borders. The News at Ronceverte says the Patton property on west Main street, Ronceverte, has been secured by Drs. deVeber and Beard, who will open a hospital as soon as the necessary changes and additions can be made to the building. Work on these improvements will commence at once and the hospital will be opened by October 1st. Dr. deVeber is a most successful specialist in diseases of the eye, ear, nose and throat, and his associate, Dr. H. L. Beard, has had much success in medicine and surgery.

Harrison County.

Dr. John Gregg, of Clarksburg, one of the oldest physicians in this county, died in St. Mary's hospital, August 18, from nephritis, aged 68 years. Dr. Gregg was a member of the State Medical Association.

Kanawha County.

Dr. V. T. Churchman, of Charleston, W. Va., has returned from Staunton, Va., where he exhibited some blooded stock in the horse show.

Dr. S. M. Stone, of Tomsburg, W. Va., has returned from Virginia where he has been spending a month's vacation.

Dr. D. P. Cannaday, formerly of Hugheston, W. Va., was married not long since to Miss Bessie Vermillion, of Popular Hill, Va., and is located at Floyd, Va.

Dr. R. D. Roller, Jr., formerly of Raleigh, W. Va., is located at Hugheston.

Dr. H. L. Robertson, of Ward, W. Va., has returned from Canada where he spent his vacation.

Drs. B. S. Preston of Burnwell, W. Va., and J. W. Preston of Keystone, W. Va., have returned from Boston, Mass., where they have been doing post graduate work at the Harvard Medical school.

Dr. R. F. Wheelock, fomerly of Scranton, Pa., has located at Mucklow, and has charge of all the Paint Creek Collieries' works.

Dr. W. D. Jefferson, formerly of Petersburg, Va., has located at Mucklow, W. Va.

Plans have been prepared for a new hospital building to be erected at Paint Creek, W. Va.

Dr. T. L. Barber, of Charleston, has determined to greatly enlarge his sanatorium and is now erecting a four-story building which will have all the modern appliances needed for his purposes. We congratulate the genial doctor on this evidence of prosperity.

Mingo County.

Dr. H. J. Brown, of Red Jacket, we regret to announce, has determined to leave the state, and will locate in Ironton, Ohio, the present month. We wish him success. He should early make the acquaintance of our former valuable member, Dr. Keller, who is still so interested in West Virginia that he has sent us his subscription.

Ohio County.

Dr. W. H. McLain, Dr. F. L. Hupp and Dr. G. A. Aschman, all of whom have been sojourning in Europe, the last named for more than six months, are again at home in Wheeling, with their professional harness on, ready for a long pull.

Dr. C. W. Ulfert, son of Rev. Wm. G. Ulfert, has hung out his shingle at No. 33 Twentieth street, Wheeling, and shows his progressiveness by ordering the West Virginia Medical Journal.

Dr. J. G. Walden, after spending six weeks at his old home in New York state, is again at home and ready for work.

Pendleton County.

Dr. J. M. Teter, of Riverton, Pendleton county, has left for Baltimore where he intends to spend two months in hospital work.

Pocahontas County.

Dr. Arbogast, of Durbin, was recently elected mayor of that town, we are glad to note, on a temperance ticket.

The stork has recently visited the home of Dr. M. S. Wilson, of Wildell, leaving a son.

Randolph County.

Miss Carolyn C. Van Blarcom, formerly assistant superintendent of nurses at the Johns Hopkins Hospital, has been appointed superintendent of nurses of the Davis Memorial Hospital at Elkins.

Dr. J. C. Furlong, of Weaver, returned August 31st from a six weeks' vacation spent in Illinois and other western states.

The home of Dr. Humboldt Yokum, of Beverly, has recently been blessed by the advent of a son and daughter.

Dr. C. L. Moore, whose location in our printed list was Coalton, Tucker county, is located at Harding, Randolph county.

Taylor County.

Miss Blanche Gardner, of Baltimore, Md., a trained and experienced nurse, has accepted the position and entered upon her duties as superintendent of nurses in the Grafton City Hospital.

Tucker County.

Dr. W. Holmes Yeakley, formerly of Davis, and president of the Barbour-Randolph-Tucker Society, has located in Harrisonburg, Va.

Drs. Hardy and Hardwick, of Davis, will in the near future add another story to their hospital. At the present time every bed is occupied. Dr. Hardwick will spend the coming winter at the University of Cincinnati in doing post graduate work.

Dr. Harry Werner has located at Fishing Hawk.

Dr. Campbell, of Davis, has purchased the stock of the Darkey Drug Co., of that place.

Dr. Irvin Hardy, of Davis, passed the last examination held by the Pennsylvania State Board with an average per cent of over 90.

Dr. A. W. Brown, of Hambleton, is recovering from an attack of rheumatism.

Upshur County.

Dr. J. W. Hyer, formerly of Weston, has located at Buckhannon, Upshur county.

Delegates appointed by Governor Wm. M. O. Dawson, of West Virginia, to the American International Congress on Tuberculosis, to be held in New York City, November 14-16, 1906.

Dr. H. B. Baguley, Wheeling.
Dr. H. A. Barbee, Pt. Pleasant.
Dr. T. L. Barber, Charleston.
Dr. L. S. Brock, Morgantown.
Dr. John R. Cook, Fairmont.
Dr. O. O. Cooper, Hinton.
Dr. James A. Cox, Morgantown.
Dr. W. F. Dailey, Terra Alta.
Dr. W. J. Davidson, Parkersburg.
Dr. J. L. Dickey, Wheeling.
Dr. U. H. Debendarfer, Mannington.
Dr. A. N. Frame, Parkersburg.
Dr. T. M. Haskins, Wheeling.
Dr. C. H. Ice, Mannington.
Dr. Z. T. Kalbaugh, Piedmont.
Dr. J. M. King, Kingwood.
Dr. T. F. Lanham, Grafton.
Dr. W. J. Leahy, Mannington.
Dr. G. D. Lind, New Richmond.
Dr. Jas. McClung, Richwood.
Dr. J. W. McDonald, Fairmont.
Dr. D. P. Morgan, Clarksburg.
Dr. C. H. Muhleman, Parkersburg.
Dr. Chas. O'Grady, Charleston.
Dr. H. M. Patton, Parkersburg.
Dr. T. A. Pratt, Kingwood.
Dr. Jas. W. Price, Marlinton.
Dr. M. H. Proudfoot, Rowlesburg.
Dr. J. E. Robins, Charleston.
Dr. G. C. Schoolfield, Charleston.
Dr. George Snyder, Weston.
Dr. F. S. Thomas, Charleston.
Dr. W. E. Strickler, Kingwood.
Dr. S. W. Varner, Glenville.
Dr. F. W. Vance, Mannington.
Dr. R. E. Vickers, Huntington.
Dr. A. R. Warden, Grafton.

OFFICERS OF THE WEST VIRGINIA STATE MEDICAL ASSOCIATION.

President—Dr. Wm. W. Golden, Elkins.

First Vice President—Dr. V. T. Churchman, Charleston.

Second Vice President—Dr. M. F. Wright, Burlington.

Third Vice President—Dr. C. T. Smith, Tunnelton.

Secretary—Dr. T. W. Moore, Huntington.

Treasurer—Dr. T. L. Barber, Charleston.

COUNCILORS.

First District—Drs. A. O. Flowers, Clarksburg, and H. P. Linsz, Wheeling.

Second District—Drs. A. R. Warden, Grafton, and R. H. Powell, Grafton.

Third District—Drs. W. W. Hume, Quinnimont, and P. A. Haley, Charleston.

Fourth District—Drs. W. N. Burwell, Parkersburg, and W. S. Link, Parkersburg.

Fifth District—Drs. C. R. Enslow, Huntington, and J. W. Preston, Keystone.

COMMITTEES.

On Scientific Work—The President and Secretary.

Public Policy and Legislation—First District—Drs. G. A. Aschman (chairman), J. W. McDonald.

Second District—Drs. J. C. Irons and Mary V. McCune.

Third District—Drs. T. L. Barber and J. E. Robins.

Fourth District—Drs. A. K. Ross and A. S. Grimm.

Fifth District—Drs. H. A. Brandebury and T. D. Burgess.

Necrology—Drs. H. K. Owens, chairman, and the Secretaries of each constituent Medical Society.

Medical Education—Drs. G. D. Lind, D. P. Morgan and S. L. Jepson.

Walter Reed Memorial—Drs. J. L. Dickey, J. W. Preston and W. C. Jamison.

Defense Against Malpractice Suits—Drs. F. Howell, W. W. Golden and T. L. Barber.

Memb. Com. Nat'l Legislation—W. P. Goff.

Publication—Drs. S. L. Jepson, chairman, L. D. Wilson and J. L. Dickey.

Public Lecturer—Dr. Fleming Howell, Clarksburg.

Arrangements—Dr. J. E. Rader, chairman, and Cabell County Medical Society.

Delegate to Am. Med. Association—Dr. J. E. Cannaday; alternate, Dr. F. T. Haught.

FRATERNAL DELEGATES.

To the Medical and Chirurgical Faculty of Maryland—Dr. J. M. Sites, delegate; Dr. J .W. Shull, alternate.

To the Pennsylvania State Medical Society—Dr. C. H. Maxwell, delegate; Dr. C. R. Ogden, alternate.

To the Virginia State Medical Society—Dr. W. W. Hume, Quinnimont, delegate; Dr. V. T. Churchman, alternate.

To the Ohio State Medical Society—Dr. E. A. Hildreth, delegate; Dr. C. O. Henry, alternate.

To the Kentucky State Medical Society—Dr. Ben C. Harris, delegate; Dr. M. S. Wilson, alternate.

To the Mississippi Valley Medical Society—Dr. C. B. Williams, delegate; Dr. A. J. Woofter, alternate.

The next meeting will be held at Huntington in May, 1907.

COMPONENT SOCIETIES.

Barbour-Randolph-Tucker County Medical Society.

President—W. H. YEAKLEY. (Removed to Virginia.)
First Vice President—C. B. WILLIAMS.
Second Vice President—O. L. PERRY.
Secretary and Treasurer—A. P. BUTT, Albert, W. Va.
Board of Censors—H. R. OWENS and J. C. IRONS.

Members.

ARBUCKLE, J. A.
BAKER, J. T.
BOSWORTH, A. S.
BOSWORTH, J. W.
BOSWORTH, J. L.
BOSWORTH, PERRY
BROWN, W. A.
BUTT, A. P.
CARWELL, U. M.
CHERRY, H. J.
CRITTENDEN, T. B.
CUNNINGHAM, J. L.
DANIELS, H. W.
DEAR, W. W.
DEYERLE, J. H.
FEW, S. D.
FREDLOCK, A. M.
FURLONG, J. C.
GILFORD, E. W.
GOLDEN, W. W.
HAMILTON, E. M.
HANKINS, J. L.
HARDWICK, R.
HARDY, IRVIN
HARRIS, L. N.
HOFFMAN, O. H.
HOLSBERRY, F. S.
HUFF, M. M.
IRONS, J. C.
KERR, W. W.
McBEE, T. JUD
MICHAEL, W. S.
MOORE, C. L.
MURPHY, F. B.
OWENS, H. R.
PERRY, O. L.
PRINGLE, A. A.
RAVENSCROFT, J. H.
ROGERS, G. C.
SMITH, ISAAC
SMITH, W. S.
STUMP, E. H.
STUTHER, J. W.
WILLIAMS, C. B.
WILSON, M. S.
WOODFORD, A. H.
YEAKLEY, W. H.
YOKUM, H.

Berkeley County Medical Society.

President—J. McK. SITES.
Secretary—CLIFFORD SPEROW, Martinsburg, W. Va.
Treasurer—N. D. BAKER.
Board of Censors—A. ANDREWS and G. W. DANIELS.

Members.

ANDREWS, A.
BAKER, N. D.
CASTLEMAN, H. S.
DANIELS, G. W.
EAGLE, A. B.
LEFEVER, EDGAR
McCORMICK, M. E.
McCUNE, M. VIRGINIA
MILLER, R. W.
McSHERRY, J. W.
OATES, L. K.
SITES, J. McK.
SPEROW, CLIFFORD
SPONSELLAR, G. J. E.
WEST, G. S.

Braxton County Medical Society.

President—L. L. McKINNEY.
Vice President—W. P. NEWLON.
Secretary—W. H. McCAULEY, Sutton, W. Va.
Treasurer—M. B. SQUIRES.
Board of Censors—T. M. WALSH, E. VERMILLION and O. O. EAKLE.

EAKLE, O. O.
HUGHART, J. R.
KIDD, J. W.
McCAULEY, W. H.
McKINNEY, L. L.
MORRISON, M. T.
NEWLON, W. P.
O'DELL, I. L.
SQUIRES, M. B.
VERMILLION, E.
WALSH, T. M.

Cabell County Medical Society.

President—A. CRARY.
Vice President—W. D. HICKS.
Secretary—T. W. MOORE, Huntington, W. Va.
Treasurer—I. R. LESAGE.
Board of Censors—E. S. BUFFINGTON, C. T. TAYLOR and H. C. SOLTER.

Members.

BLOSS, J. R.
BRANDEBURY, H. A.
BRUNS, WM. F.
BUFFINGTON, E. S.
CAMPBELL, H. J.
CRARY, A.
CRARY, H. L.
ENSLOW, C. R.
GEIGER, J. C.
GUTHRIE, J. A.
GUTHRIE, L. V.
HAWES, CHAS. M.
HICKS, I. C.
HICKS, W. D.
HOGG, C. C.
HUME, B. J.
HUMPHREYS, L. W.
KENT, O. A.
LESAGE, I. R.
MOORE, T. W.
McCOMB, J. J.
McELFRESH, EDWARD
McGUIRE, WM. C.
MOSS, V. R.
RADER, J. E.
REYNOLDS, J. H.
SAMPLE, E. E.
SANNS, H. V.
SOLTER, H. C.
STUART, T. F.
SWANN, P. H.
TAYLOR, C. T.
VINSON, L. T.
YORK, J. F.

Fayette County Medical Society.

President—W. W. HUME.
Vice President—L. B. RUPERT.
Secretary—C. F. MAHOOD, Oak Hill, W. Va.
Treasurer—J. W. HOPKINS.

Members.

ARCHER, W. M.
BABER, J. H.
COLEMAN, J. E.
DAVIDSON, J. J.
DEMPSEY, W. E.
HAYNES, W. N.
HENDERSON, O. J.
HOPKINS, J. W.
HOWLE, P. W.
HUME, W. W.
HUNTER, J. R.
LIND, G. D.
MAHOOD, C. F.
MONTGOMERY, L. C.
O'BRIEN, JOHN
PENDLETON, P. B.
RUPERT, L. B.
SPARKS, E. P.
SMITH, W. E.
WHEELER, A. B.
WILLIS, E. J.
WOODVILLE, J. B.

Grant, Hampshire, Hardy and Mineral County Medical Society.

President—M. F. WRIGHT.
First Vice President—G. H. THOMAS.
Second Vice President—Z. T. KALBAUGH.
Secretary—PERCIVAL LANTZ, Alaska, W. Va.
Treasurer—M. R. BELL.
Board of Censors—J. W. SHULL.

Members.

ABBOTT, J. G.
BAKER, F. S.
BELL, M. R.
EDGELL, L. L.
GERSTELL, ROBT.
HANNAN, W. H.
HIGHBERGER, W. T.
HOFFMAN, C. S.
JOHNSON, J. B.
KALBAUGH, Z. T.
LANTZ, PERCIVAL
LONG, D. J.
LOVE, ROBT. W.
PARSONS, E. H.
SHUEY, W. A.
SHULL, J. W.
THOMAS, G. H.
WILSON, T. L.
WRIGHT, M. F.

Greenbrier Valley Medical Society.

(Pocahontas, Greenbrier and Monroe).

President—SAM AUSTIN.
Sec'y and Treas.—T. C. McCLUNG, Ronceverte, W. Va.

Members.

ALBERT, C. W.
AUSTIN, SAM
CURRY, A. M.
FERGUSON, J. H.
GATES, M. A.
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The West Virginia Medical Journal

Published Bi-monthly
by
The W. Va. State Medical Association

Under the Direction
of the
Committee on Publication.

COMMITTEE ON PUBLICATION:
S. L. JEPSON, M.D., Chairman, Wheeling.
L. D. WILSON, M.D., Wheeling. J. L. DICKEY, M.D., Wheeling.
Entered as second-class matter August 10, 1906, at the Post Office at Wheeling, W. Va.

Vol. I.—No. 3. WHEELING, W. VA., DECEMBER, 1906. Subscription Price $1.00 per Year. Single Copies 20 Cents

Original Articles.

PREJUDICE.

C. H. Maxwell, M. D., Morgantown, W. Va.

(Read at Annual Meeting of State Medical Association, June, 1906.)

I liked the spirit of the medical student who said to me as we were on our way to the homeopathic clinic: "I like to go down to the homeopathic clinic; it takes the prejudice out of me." This young man had the rare good fortune to know that he was prejudiced against the homeopaths, and he had sense enough to know he could rid himself of the prejudice by affiliating with them and observing their methods and success.

Shortly after his graduation his name appeared in a news item that illustrates his ability to grasp the opportunities and meet emergencies as they arise. He was a passenger on a railway train. A fellow passenger riding immediately in front of him decided to commit suicide by cutting his throat. He succeeded in severing his external carotid. This young doctor did not look on in astonishment, and wonder what the deluded fool tried to kill himself for; or wonder if there were any ambulance and hospital near; or wish for his operating case and assistance. Instead, he immediately pounced upon the bleeding man, compressed the artery, called a passenger to help him, took his pocket knife and shoestring, cut down, tied the artery and saved the man's life. This incident shows that this young man, in training the prejudice out of him, had trained himself to see things in all their bearings and make the most in emergencies with the means within his reach.

This cultivation of the habit of getting results with whatever is within our reach is what counts in the practice of medicine. It is remarkable how much the people appreciate results, good results. They want to get well when they are sick. They want their injuries to heal when they are hurt. They want to feel that they are benefited when the doctor comes to see them. It is not true that the majority of the American people like fakes. If there is a pre-eminently practical people in the world it is the rank and file of Americans. They are looking for results, and in the most practical manner. Of all people they care the least for forms and ceremonies and rules. They are willing to knock all precedents and rules in the head and walk over their dead bodies if they can go straight to the point and accomplish their object in an easier, quicker and more satisfactory manner. It is little they care whether they are cured of an ill regularly, homeopathically, electrically, osteopathically, "Christian scientifically" or what not, just so they get well. It is the practical the people are looking for, and what they will have. The day of mysticism and occultism is past for the great body of our people. The eminently practical is what the people demand. If we can not deliver the practical we find them turning elsewhere. In seeking for the practical we often find them getting beyond the limit of reason. Our profession has fallen short along several lines, and we see people turning toward strange gods. Hence we find many of our once patrons in the osteopath's

office, or consulting with Mother Eddy, or answering flaming "ads" of the "City Specialist."

I well remember how a "British redcoat" brought up in my imagination an incarnate fiend of the nether world. And "Yankee" meant only a cowardly hobgoblin of war, one "rebel" being able to chase and kill a dozen of them. My youthful imagination had been so warped and twisted by hearing the lurid tales of "the war" and "The Revolutionary War" that "British red-coats" and "yankee blue-coats" haunted me as the most despicable beings ever created. And even now there is a lingering feeling that a 'Britisher" and a "yankee" somehow are not quite so good as an American or "rebel," while my common sense tells me that as a race the British are the equals of any race on earth, and that the "yankee" is the equal of the "rebel." But the prejudice grounded in me when a child will never all get out.

One may be prejudiced and not know it. Indeed few people have the good sense to acknowledge their prejudice. What is prejudice in themselves they attribute to cussedness in the other fellow. They can see the shortcomings and errors in the other fellow, but fail to see their own. They can see the gnat's heel in the other fellow's eye but fail to see the beam in their own eyes. They attribute all the errors of procedure to the other fellow, but fail to lay the failure at the right spot—their own door.

The medical profession is not free from this propensity. There are men in the profession who fail utterly to examine themselves for error and prejudice. If they commit a palpable breach of procedure, instead of acknowledging themselves in error, they spend much time in ransacking authorities to find support for their contentions, and thus psychologically and physiologically ground their prejudice into their beings in a deeper and more indelible manner.

If they get dropped from a case, their ill luck is attributed to some one else's mistake, while in many cases, if they would get at the real cause of their discharge, the fault would be with themselves.

If we can lay aside the belief that the blame lies with the patient and his neighbors, and acknowledge that we are to blame for our discharge, we will find that this is true in a great many more cases than the most of us are willing to acknowledge. When discharged from a case or dropped as family physician, it should be a matter of special duty to find the cause of the discharge and avoid the same trouble in the future. If we would do this we will hold our patrons much more firmly than if we give no special study along this line.

The day is past when the doctor can show disregard for the tastes and peculiarities of his people. He can not say to himself that he is so eminent, and that his skill and knowledge are bound to attract a large clientele. The medical schools are turning out literally by the thousands every year men thoroughly trained and equipped for the practice of our profession. We can find at every hamlet and country cross-road men more thoroughly trained in technical and scientific medicine and surgery than the cities contained a few years ago. So it behooves us to cultivate a habit of introspection and self-examination to find out our weak points and strengthen them, or we will surely be left behind in the race with the younger men. The country is full of surgeons who are competent to undertake any operation that requires skill and judgment. Go almost anywhere and you will find men who do operations that a few years ago only "eminent specialists" would dare undertake. Competition is so keen and our colleagues so competent that we have to be right up to date or we will be dropped for a better man.

It takes a man of ability to be a doctor nowadays. In the days of our grandfathers all that was necessary were a few books, a sang hoe, to dig roots with, an axe to cut barks with, and a few weeks' reading under some older man. This was all that was necessary to equip one for the practice of medicine. Now, the preliminary education, the scientific, technical and clinical training before the man is allowed to practice makes for the advancement of the medical profession to a high plane.

But we must not suppose that those old men with their crude technical training, their crude drugs, their crude implements, and crude people were lacking in the keen insight into the causes and courses of disease as manifested at the bedside. They lacked all the knowledge acquired in the laboratory with the scientific instruments and appliances. They lacked the aids of

the thermometer, the stethoscope, the urinometer, and all scientific knowledge of physiology, pathology and bacteriology. But their conclusions and judgments were not as crude as the instruments they had to work with. Their knowledge was obtained at the bedside without any of these modern aids, yet their conclusions and deductions were remarkably correct, and for practical purposes their results were as good as ours. The results of their observations were deduced from the phenomena as manifested in diseased conditions. They knew nothing of bacteriology as a cause of disease, but they put in their time studying the patient, and means for his relief.

It was prejudice that crucified Christ. "Can anything good come out of Nazareth?" The people had been taught that the Nazarenes were a degenerate people and nothing good could be found there. It was prejudice for the established order of things that caused the church authorities to compel the mighty Galileo to get on his knees and publicly renounce his theory that the earth rotates on its axis—and yet he exclaimed under his breath immediately on rising, "It does move! It does move!"

For eighteen years Columbus fought the prejudice of the times and spent the prime of his life in finding a new world. The prejudice and superstitions of the times were probably denser than any time since Christ.

Harvey's discovery of the circulation of the blood was met with a superciliousness aggravating in the extreme. And Jenner's greatest of all medical discoveries was received with the supremest distrust, and met with opposition so intense that the great wonder is that it survived the ordeal. Even now there are a few degenerates who decry and denounce vaccination as a pollution of their sanctified blood. Even in enlightened America the anti-vaccinationist thrives side by side with the anarchist, and of the two the anarchist is the better.

When the Hungarian interne found that puerperal fever is caused by dirt, and reduced the mortality to almost nothing by simply compelling the students to wash their hands before attending confiement cases, he was set upon and ridiculed and berated and hounded by the medical profession till the poor fellow fell by the wayside and died of a broken heart, killed by the ridicule and prejudice of eminent doctors. But to-day not one of us but pays a tribute of respect, and honors the memory of young Semmelweis every time we disinfect our hands at a confinement case as if we were preparing for a major operation. What is the result? Mortality from childbed fever reduced from ten per cent to less than one-fifth of one per cent.

So with the second greatest of medical discoveries, diphtheria antitoxin. This remedy had to run the gauntlet of a prejudiced profession. But the modern man is more liberal than he whose preliminary and fundamental training was much less, and the profession has accepted antitoxin with a unanimity that has already approached vaccination. There is still one atavistic individual in St. Louis who denounces "horse juice" and plays to the proprietary shops, but he is getting old and will soon pass off the stage.

Bacteriology met with much prejudice. The germ theory of disease is one of the greatest advances of modern times. All the links in the chain have not been fully forged in all the cases where they will be in the near future. The opposition to this advance has not been made so much by ignoramuses as it has by those solid scientific men who want to see things proven before accepting them. The scientific opposition has disappeared and the germ theory of disease has been established and is opposed only by a few whose incrustation of prejudice is denser than the heaviest coat of mail. It is natural that one should have a prejudice in favor of what he has always been accustomed to. Very few radical revolutions take place without violent opposition. People are loath to see old established customs, habits and beliefs broken down and torn away. The most natural thing for them to do is to oppose this iconoclasm. But to oppose advance when reason should take the place of prejudice is to revert toward the dark ages. "I'm ferninst him, I'm ferninst him," said the Irishman when he heard a new man was in town. He opposed the new man simply because he was an opposer. Some in the medical profession are not free from this kind of opposition. There are a few men so jealous of their interests that they are prejudiced against any new man who may come among them even before they know anything of the man's ability and integrity.

When I attended medical school I was

taught by example that typhoid patients needed two visits a day from the attending physician. This I followed out until I got a severe jolt from an old farmer only a few months after beginning to practice. Two of his family were down with fever. I attended them regularly twice a day for ten or twelve days. After I had attended them one evening the old farmer said: "Is the folks doin' well?" I said: "Just as well as it is possible for them to do. They will get right along now if nothing unforseen turns up." "Well," said he, "that's what I think. Then if the folks is doin' so well, what's the use of you comin' two times a day? Ain't onct enough?" I stood there, looking, no doubt, wonderfully insulted, but replied very meekly: "I suppose one visit a day would keep them going." He said: "Suppose you cut out that mornin' visit and come over along in the evenin', and if anything turns up I will phone fer ye." I didn't say: "Take your folks and go with them. I guess I know how to run a typhoid case. Get some other doctor if my way doesn't suit you." But I swallowed my wrath, for I saw at once the cogency of his reasoning, and replied: "All right. I'll do it." He replied: "Young man, I like your doctorin' all right, but you've got a kinked up notion in your head that these here folks would die unless you come twict a day. You see it's only three mile to your office, an' I have a telephone and you have a telephone, then what's the use of you a comin' so often? You see, young man, it takes five bushel of taters or four bushel of corn to pay you for every trip. You've come now enough so as to take over a hundred bushels of taters to pay you. Did you ever raise taters, young man?" I told him I had, and found it hard work. "All right, then. I can't spare 'em all. I want some for seed." So we parted. I was mad, but not mad enough not to go back. Before the next evening I had figured out that this hard-headed, tight-fisted, honest-hearted, plain-spoken old farmer was getting down to the bottom of things in a way that I had not thought of before. He saw plainly enough that a typhoid patient, with no grave complication, needs no more than one visit a day from the attending physician. I had not looked at it from his side of the fence. But he was seeing things from the practical side. Ever since I have tried to look at things from the other fellow's view as well as my own. And in too many cases I have seen it to the great disadvantage to myself—especially my pocket-book. I have come to see that if I go to see a patient when I am not needed, and he would get along, under the law of probabilities, just as well without me as with me, that I have gotten something that is not wholly mine.

One of my neighbor's boys, farmer in moderate circumstances, had a strangulated hernia. A surgeon, just an ordinary, everyday surgeon, was called in and cut down and reduced it. His bill was two hundred and fifty dollars. The farmer said: "I am thankful to have my boy relieved and his life saved. I believe a doctor should have full compensation for his time, skill and responsibility in a case, but I do object to paying out for a simple operation every dollar I can save in an entire year." Did that farmer look at things from a proper standpoint?

(To be Concluded.)

ACUTE APPENDICITIS — ETIOLOGY, SYMPTOMATOLOGY, DIAGNOSIS AND TREATMENT.

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(Read at meeting of State Medical Association, June, 1906.)

Etiology.—While appendiceal inflammation is essentially dependent upon bacterial invasion for its production, yet there are certain conditions, anatomical, pathological and mechanical, acting directly or remotely as contributory factors, and which may be considered in the light of predisposing causes creating a susceptibility.

(1) *Predisposing Causes:* It must be borne in mind that the vermiform appendix is a vestigial organ undergoing an evolutionary and retrograde transformation, rendering it especially susceptible and liable to inflammation. The next most important anatomical characteristic is the limited blood supply; interference with the circulation is very likely to occur, which fact is regarded by some authors as an important element in the etiology. The appendix varies in length from one to nine inches, and

is provided with a mesentery which, as a rule, extends along its full length.

The appendix in its usual position, under the inner or outer border of the cecum, renders it susceptible to pressure not only from the contents of the cecum, but from many conditions, physiological or pathological, that increase intra-abdominal pressure. The appendix often rests on the psoas muscle which renders it liable to direct violence. More important, however, than the position is the diameter of the lumen of the appendix and the size of the ceco-appendiceal communication. Treves states that the lumen is often found obliterated. Occlusion of the lumen of the appendix is pathological. Distal occlusion may occur from senile retrogression. Narrowing of the proximal end favors fecal stagnation. Fluid feces may normally circulate in the appendix which the valve of Gerlach is incompetent to prevent. It is the obstruction to the egress of the contents of the appendix rather than the ingress which excites pathological results. The structure of the appendix in a general way is very much like that of the large bowel, with its peritoneal envelope, thin circular, and thick longitudinal muscular fibers. Possibly the most striking histological feature of the appendix is its richness in lymphoid elements. Whatney, Renschoff and Bland Sutton have all called attention to the similarity of this structure to the tonsil, and show that both are easily susceptible to inflammation in early life; and like the tonsil, the lymphoid elements of the appendix undergo evolutionary and retrograde metamorphosis. The frequency of appendicitis in the adolescent has impressed the general practitioner that it is confined to that period of life. Admittedly it is more frequent between the ages of ten and thirty years, that period in which the lymphoid structure is most abundant and active. What etiological bearing age may have beyond this is doubtful, but certainly in the young the tissues have less resistance, and there is marked tendency for the inflammation to become perforative or gangrenous.

Foreign Bodies.—In the early history of the disease it was the opinion of some of the authorities that appendicitis was invariably caused by a calculus, or by some accumulation of foreign matter. This statement, it seems, had the endorsement of some modern surgeons and rather firmly fixed an ancient but erroneous idea in the minds of the profession, which seems difficult to eradicate. And by way of digression I am reminded of an instance which came under my own observation.

Was consulted by a lady in regard to her ailments (which of course were many), but amongst other things she said that she had consulted another physician a few weeks previous, who had told her that she undoubtedly had 'appendiseedis,' but he would give her some medicine, and if she did not pass the seeds by the next day he would operate. The medicine was taken with the desired and happy result that she passed a quantity of seeds, which she preserved, and on her next visit to the physician's office took them with her. The physician examined them very carefully and told the lady that they were genuine and that his former diagnosis was confirmed, but an operation would not be necessary as she had passed the seeds.

It is true that the appendix has not the inherent power of expelling its contents, as compared with the rest of the alimentary canal. The various seeds, pips, etc., so frequently described in literature as found and assigned as causing appendicitis, are really fecal masses, or true appendicular calculi, moulded into these familiar shapes by the peristaltic action of the appendix in its effort to expel them.

Many bodies found in the appendix are neither fecal masses nor foreign bodies swallowed, but are really appendicular products. Analysis of these bodies shows that they contain little or no feces; but consist chiefly of the insoluble salts precipitated from mucus, showing calcium and magnesium compounds enmassed in mucus, and occur most frequently between the ages of twenty and thirty years; or in other words at a period when the lymphoid structure of the appendix is most abundant and physiologically active. Foreign bodies in the appendix, of whatever nature, excite trouble mechanically in one of several ways; the appendix resents their presence, and an extra effort is made to expel them, this is expressed as appendicular colic; the impaction of the foreign body abrades the mucous membrane and creates a fertile soil for additional infection. It may obstruct the circulation and give rise to local or general necrosis. And if the theory is correct that foreign bodies are oftentimes the products

of pre-existing inflammation, we have already a crippled organ which is very susceptible to inflammation. From the fact that we have all varieties of the disease occurring in their absence, it would seem that their mere presence is not an essential factor in the production of appendicitis, and that some other factor is necessary for its production, and that is found in the infective micro-organisms which we may regard as the essential cause.

Essential or Immediate Cause.—It is an established fact beyond successful contradiction that the colon bacillus is a normal inhabitant of the intestinal canal after birth, and that it is not found in other abdominal viscera without an associate lesion of the intestine. It is also clearly shown by eminent pathologists that this lesion is not necessarily gross; any condition impairing the circulation will permit the passage of these germs through the wall of the intestine. The frequent occurrence of the bacillus coli communis in pure culture in cases of exudative appendicitis has been repeatedly recognized. Bacteriological studies of appendicitis have established clearly the etiological role played by micro-organisms, and established beyond cavil that appendicitis is an infective process.

Whether a simple or mixed infection is not thoroughly established, but all observations point to the omnipresent bacterium coli commune as the predominating etiological factor. The streptococcus lanceolatus, the staphylococcus and others are found either in pure or mixed culture. Many authorities believe that appendicitis is a mixed infection. Welch maintains that it is due to the combined influence of the bacterium coli commune and streptococcus, and that the failure to discover streptococcus does not necessarily prove its absence. A summing up of our knowledge as to the etiological factors of appendicitis would lead us to think that there are predisposing causes which create in the appendix a condition of susceptibility to inflammation, especially favorable because of the histological structure of that organ. But the one needed fact for the establishment of this inflammation from its mildest to its most destructive type is supplied in the essential cause, the infecting germ.

Symptomatology.—The symptoms of appendicitis in the order of their occurrence and diagnostic significance are: (1) *Pain.* This is the most constant and conspicuous of all the symptoms, influenced to a considerable extent in its manifestation by the idiosyncrasy of the patient.

Distinctly localized pain means a local infection. A general pain, especially if it occurs some hours after the onset of the attack, means a widespread infection. A sudden cessation of the pain points either to gangrene or perforation.

(2) *Local Tenderness.*—This is another most constant symptom; it may be elicited by pressure at a point midway between anterior superior spinous process of the ilium and the umbilicus, commonly known as "McBurney's point." While this, as any other subjective symptom, may be misleading, yet when associated with pain, muscular rigidity, and especially a palpably enlarged appendix, it is conclusively diagnostic. It cannot be ascertained in some forms of gangrenous appendicitis, and is lost when there are localized collections of pus.

(3) *Muscular Rigidity.*—This is a very reliable symptom, and can usually be detected by palpation of right lower quadrant of the abdomen, as compared with that of the opposite side.

In the persistency of the rigidity as observed at several examinations, consists its value. The yielding of the rigidity giving way to flaccidity is a favorable sign, but its persistence or displacement by tympany is of ill omen, indicating either the presence of pus, peritoneal inflammation, or both.

(4) *Nausea and Vomiting* are present in a majority of cases, usually coming on within three or four hours after the onset of the pain.

(5) *Constipation.*—It is significant that in almost all cases of severe acute appendicitis the obstruction to the passage of gas and intestinal contents through the ileocecal valve is one of the early symptoms. Nature is trying to prevent this very dangerous disturbance by closure of the ileocecal valve. In this we have a condition very similar to the contraction of a muscle surrounding an inflamed joint or the closure of the eye-lids in conjunctivitis, etc. everything tending toward the establishment of a condition of rest in the vicinity of the inflamed organ.

(6) *Tumor.*—The development of a tumor may be considered both as a favorable and an unfavorable symptom. It is unfavorable in that it is indicative of the fact that

the inflammation has extended beyond the appendix and involved the peritoneum. It is favorable in that it reveals the power of nature to control within a definite area the infection. The location of the tumor has a distinct bearing upon the prognosis in the operative treatment. A tumor lying well inward near the median line, or in the pelvis, cannot be reached or so effectively drained as one lying in the iliac fossa or loin.

(7) *Temperature and Pulse.*—Temperature is of importance only when taken in connection with other clinical conditions, and is exceedingly unreliable. Recovery may follow a temperature of 105, and death may occur with one nearly normal. High temperature in the first twenty-four hours with marked local symptoms means a severe infection. A sudden fall in the temperature with increased frequency of the pulse indicates perforation. A progressively increasing pulse within the first twenty-four hours signifies advancing infection. A sudden increase in the pulse in the second, third or fourth day of the disease is an alarming symptom.

(8) *Collapse.*—This can only mean grave infection not only of the appendix, but the peritoneum as well. Although in patients very susceptible to pain, shock may appear in the mildest form of the disease.

Diagnosis.—In order to treat patients suffering with appendicitis with the greatest degree of success it is very important to make a careful and early diagnosis. This will in great measure depend upon *a careful physical examination*, which should be made in every case in which there are any symptoms of intra-abdominal disturbance.

A mistaken diagnosis in the beginning of an attack usually results from the fact that when first called we are willing to make a diagnosis of gastritis, enteritis, or catarrhal disturbance of the alimentary canal, from the symptoms given by the patient or his friends, without making a careful physical examination. This is particularly true in the case of children. The cardinal points of a typical case that should be constantly kept in mind are pain, tenderness in the right iliac fossa, rigidity of the abdominal muscles, early vomiting, and moderate constipation. In all cases diagnosis is to be made not by a single symptom, but by a careful review of the history of the case, by close observation of the facial expression and the general symptoms just enumerated.

Treatment.—(1) Medicinal.—With the statement coming from so high an authority as Dr. Osler that "there is no medical treatment of appendicitis," and according, as it does, with the convictions of other eminent authorities, we might proceed to the surgical management. But there is a certain line of conduct which may, in a measure, relieve symptoms and prepare the patient for operative procedure, should it be required. Absolute rest and restricted diet are essential; and in the early stages only enemeta should be used to move the bowels. Purgatives of any character may disturb nature's efforts to form adhesions. Although we may hold in very slight esteem the medicinal treatment of appendicitis, it does not follow that every case of appendicitis requires surgical intervention.

Some may recover and live for years, ultimately dying of other diseases; in other instances much is to be gained by deferring the operation. While we may not subscribe to the statement that "every case of appendicitis should be operated upon as soon as diagnosed" unless the patient is actually in articulo mortis, yet we can safely say that every case requires operation at some time.

(2) *Operative.*—When ought one to advise operation in appendicitis? Many surgeons answer the above question in a most simple manner by saying "when appendicitis is diagnosed then is the time to operate." Most surgeons are less radical. All surgeons approve of operating in the interval between attacks of chronic or recurrent appendicitis. In acute appendicitis all surgeons approve of operating while it is reasonable to suppose that the infection is confined within the appendix itself, for there undoubtedly is, with a very rare exception, always a time in every case of appendicitis when all the infectious material is confined to this organ. And while this time cannot be given with definite exactness, it is as a rule, within or during the first thirty-six to forty-eight hours after the beginning of the attack; consequently it is very important to use good judgment, rather than go by any number of hours in determining the extent of the infection. If possible, operate within forty-eight hours of the inception of the disease. Within twenty-four hours is better than forty-eight hours, and within twelve hours better than

twenty-four. In other words the earlier the better.

The cases of appendicitis most dangerous to the patient, and most difficult to treat properly, are those in which the inflammatory process has extended beyond the walls of the appendix and in which there is no reason to believe that nature is walling off infection, or arresting its progressive extension. Pathologically the infection has spread to the surrounding peritoneum and may have involved the entire peritoneal cavity. Adhesions are not present, and no localized collections of pus are found. Clinically, these patients are in a serious condition. They have been sick, usually from two to five days, and show marked general symptoms of toxemia.

Appendicitis in this stage is extremely dangerous, and often impresses even experts with the fact that they are not masters of the situation.

There is no question that operation is positively indicated if the infection has not spread beyond the walls of the appendix. It is also generally admitted that operative treatment is positively indicated in all cases in which localized suppuration has occurred. The conditions, however, are quite different in treating these cases of appendicitis which we have spoken of as the most dangerous to the patient and most difficult to treat.

To-day there seems to be two recognized methods of dealing with these patients. One, the non-operative method, is advocated and recommended by Ochsner, of Chicago, which consists in measures which tend to rely upon the resistance of the patient to localize the infective process; viz. (1) Rest in bed. (2) Avoidance of purgatives. (3) Absolute denial of food and drink to the stomach. (4) If nausea or pain is present, lavage of the stomach. (5) Exclusive rectal alimentation, one ounce of predigested food in three ounces of salt solution every four hours. The exceptions to this rule are cases in young children and in the aged, as the former cannot give the assistance necessary. Stomach lavage in them means a fight, and consequently much danger from spread of infection. The aged bear confinement in bed badly, and as a rule the whole treatment outlined by Ochsner is inapplicable to them.

The other method advocated and practiced by Murphy and many others may be designated the operative. These men advise operation in all cases of the above character. The advantages of the non-operative method are, that the limiting powers of the peritoneum are not interfered with, that infection is not disseminated mechanically, and that the patient is not subjected to the shock of anesthesia or operation. The danger of this method, if any, would seem to be in the infection at times being so virulent that nature could not limit its extension.

The advantage of the operative method as given by its advocates are, drainage at the seat of infection and removal of the primary focus. This in all probability does much to limit the extension of the infective process. The dangers of this method are, that in attacking the appendix through an abdominal incision more or less risk of dissemination of the infected material is incurred. This is not only true at the time the operation is performed, but is true during drainage from the infected area through the field occupied by the small intestines. Our personal experiences are quite as indefinite as the reported cases of others, for when we have lost a patient by treating with one method we think the outcome would have been different had we resorted to the other method.

Surgical Indications.—Complete ideal surgery demands the removal of the appendix in every case of operative appendicitis; yet the inexpediency of this is admitted by all conservative surgeons who value life above such ideal surgery. If the field is actively septic, if the appendix is deeply imbedded in adhesions, and we can secure thorough drainage without breaking up these adhesions, the appendix should be left. The chance of infecting the peritoneum is too great. Extreme conditions of the patient may forbid search for the appendix.

In all other cases the surg[illegible]on is to remove the appendix, and when necessary, to provide drainage.

Whenever we meet with a movable, sausaged-shaped mass in the abdomen, with a history of chronicity, it is well to think of the possibility of its being a case of hyperplastic tuberculosis of the intestine. This diagnosis will be rendered more suggestive if there are definite signs in the lungs.—*American Journal of Surgery.*

PUERPERAL FEVER—HISTORY, ETIOLOGY, DIAGNOSIS AND TREATMENT.

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(Real at annual meeting of State Medical Association, June, 1906.)

Historical: It is less than sixty years since our present enlightened knowledge concerning puerperal sepsis had its beginning, the last ten or twelve years have contributed more to our knowledge than all past time. The writings on the subject prior to the middle of the last century are a record of ignorance.

The idea that puerperal sepsis was caused by a suppression of the lochia held sway from the earliest beginnings of medical literature till about the year 1670, when Puzos advanced the idea that it was caused by a metastasis of milk which was supposed to flow in the blood during pregnancy and was normally attracted to the breasts after delivery but which might be drawn to other parts with disastrous results. This theory was supported by reports of post mortems in which milk was supposed to have been found in the peritoneal cavity after death from child-birth. Later European writers ascribed the trouble to an inflammation of the womb without giving a satisfactory explanation of its occurrence. One may find in these earlier writings an occasional reference to putrid fevers, a suggestion that putrid animal matter could cause disease, a flickering of the light that was later to break.

It is probable that three events are responsible for our present knowledge of puerperal sepsis. They are: first, the publication in 1843 of Oliver Wendell Holmes' paper entitled "The Contagiousness of Puerperal Fever." Second, the observations of Semmelweiss in a Vienna hospital during the years 1846 to 1848. Third, the publication in 1850 of Sir James Y. Simpson's paper on "The Analogy Between Surgical and Puerperal Fever." The first of these papers is said to be a classic in English medical literature.

Holmes' paper was subject to the most bitter criticisms by such men as Hodge and Meigs, who were the leading obstetricians of the day, but in spite of this powerful opposition the doctrine grew in favor.

In the year 1846 a young assistant named Semmelweiss in the maternity department of a hospital in Vienna, observed the frightful mortality in one of the wards of the hospital while in a neighboring ward it was scarcely one-tenth as great. He discovered that in the first ward the women were attended by students fresh from the post-mortem room. He immediately conceived the idea that the students carried on their hands putrid matter from the post mortem table to the lying-in room. He therefore ordered that no student should examine a woman till he had washed his hands in chlorine water. The result of this regulation was fairly startling, as the mortality was reduced from 11.4 to 1.27 per cent.

Semmelweiss recognized the importance of his discovery, he foresaw some of the lives preserved, the homes kept from bereavement, etc.

Being a very passionate man he fretted his life away in vain efforts to get recognition of his discovery by his colleagues and vainly tried to impress his idea on medical societies. He finally lost his mind entirely and died in an insane asylum.

Then came the brilliant work of Pasteur in the field of bacteriology, the acceptance of the germ theory in disease, the application of antisepsis to surgery by Lister and the adoption of this system by obstetricians.

Such in brief is a glimpse of history of the disease gleaned from literature at my command.

Etiology: One writer after giving page after page of what different authors claim, sums it up about as follows. The vagina becomes infected immediately after labor, that in a normal condition the vagina contains no pathogenic germs, that it has strong germicidal powers of its own which serve to guard a woman against infection.

It would seem, however, that the external genitalia of every woman must swarm with bacterial life, and that the vagina is easily invaded must be conceded, and the statement that the vaginal secretions are germicidal is denied by late authorities.

During and after labor mechanical safeguards of the most effective kind are afforded the patient against infection. They are, first, the discharge of the liquor amnii washing out the vagina; second, the passage of the child's head and body scrubbing

the vagina; and third, the descent of the placenta and membranes and bloody discharge following. Bearing these facts in mind it is apparent that the practice of relying on simple douching of the vagina before labor is faulty if not foolish. If therefore it is thought necessary under certain circumstances to disinfect the vagina, a mere douching should not be relied on but the mucous membrane should be thoroughly scrubbed as for some important operation.

To presuppose that the vagina is already in its normal condition the home of microorganisms of a pathogenic nature should not lessen the care of the physician with regard to antiseptic precautions, but it is incumbent on the conscientious man not to insert into the vagina any infecting bacteria which may by their number or virulence overcome the safeguards that nature has provided and may become the cause of serious or fatal disease. It is worth remembering, also, that the most carefully sterilized fingers may be the carrier of microbes from the vulvar orifice or lower vagina up to the cervix where they may be more favorably located to do mischief.

There are no less than ten different microbes mentioned as causative factors in producing the disease. The most common are the streptococci, the staphylococci, the colon bacilli, the gonococcus, etc.

In addition to the specific septic microorganisms the saprophytes of decomposition play an important part in the common form of puerperal sepsis due to the absorption of toxines or ptomains produced in the decomposition of dead animal matter.

The consequences of microbic invasion are variable in the extreme. When they enter wounds in or near the vaginal outlet the result may be the same as in the infection of any surgical wound, that is to say local inflammation, suppuration and perhaps general systemic infection. The infection is almost certain to travel upward, hence it is that the majority of infections have their effective starting point in the uterus. The streptococcus, the staphylococcus and the pyogenic bacilli have preeminently the power of penetrating the uterine tissues and distributing themselves most often to the endometrium. Both of these can, however, penetrate the uterine muscle and be distributed by the lymph channels throughout the body.

The saprophytes are themselves anerobic and confine themselves mainly to the decomposition of the endometrium and to putrescible uterine contents. These same saprophytes may, however, attack blood clots in the uterine sinuses and may in them by detachment as a thrombus be carried to the general circulation and be deposited as septic emboli in different parts of the body causing metastatic abcess.

The majority of puerperal infections are perhaps traceable to the insertion of pathogenic germs by the examining finger of the physician, who in the course of his daily work has come in contact with perhaps many kinds of pathogenic microbes and which, notwithstanding the most careful and elaborate disinfection, may not all be removed from his hands. The hands of the nurse may also be responsible for the same mischief by depositing the germs on the vulvar orifice or in the vagina. The instruments used about the parturient canal, an atmosphere ladened with dust or vitiated by bad hygienic surroundings, the water used to wash or douche the patient may be the carrier of the germs.

The clothing of the patient or of the bed, or the vulvar pad may be at fault, putrescible matter left in the uterus may attract the ever present saprophyte with which the purest atmosphere is said to swarm.

Some cases may be due to autoinfection from germs resident in the body, as from those that may have had a lodgement in the vagina before labor, they may have been released from an old pyosalpynx whence they spread from a rupture of the sac during labor.

Another cause of infection brought to my attention by a fellow member of this association, and whose views on the subject I believe to be correct, I will mention. (This cause has not been mentioned to my knowledge in any textbook on the subject.)

It is the practice of repairing or attempting to repair the perineum immediately after labor when the conditions which surround the patient are not such as to promise healing by first intention. The unfavorable conditions are lack of intelligent nursing, bad hygienic surroundings, the patient perhaps being at a distance making it impossible for the physician to make frequent visits. When I have undertaken this operation under these circumstances it has resulted more often in failure than in success, the wound in the majority of cases suppur-

ating, and it can readily be seen that the suturing in this case would be harmful by preventing free drainage of the wound, the patient being on her back and the sutures, often only uniting the skin, make a pocket of the wound for the accumulation of the lochia with which the parts are continually bathed, thus increasing the danger of infection.

In view of the above considerations, and unless the rectum is involved in the rupture, it is better to defer the repair of the perineum until after the puerperal period is over, unless your patient can command skillful nursing and is in good surroundings, in which case the operation can be undertaken with a fair degree of success.

Diagnosis: What conscientious physician is there who has not suffered the torture and anxiety caused by finding his patient on perhaps the second or third day of her puerperal period complain of a chill, rapid pulse, high temperature, profound physical depression, loss of appetite, etc. Such are some of the initial symptoms of puerperal infection.

With respect to cause there are three forms of the disease recognized, namely: First, the putrid form; second, the pyogenic, and third, the mixed form. In the first form in addition to the above mentioned symptoms we would have the local signs as follows: Increase of the lochia, foul odor to the same, and on examination of the uterus we would likely find a retained piece of membrane or of placenta, the interior of the uterine wall would be found ragged as it will be remembered that it is in this form that the saprophyte is the causative factor, and that the damage is chiefly confined to the endometrium.

In the second or pyogenic form which is caused by the more active or specific germ that has the power to penetrate the uterine walls, the interior of the uterus will be found smooth, the lochia lessened or entirely suppressed and without odor.

We should not forget, however, that a great many cases are of the mixed variety and that the symptoms of the two forms are likely to intermingle, and that in a great many cases some of the cardinal symptoms are sure to be absent, so that if we have a rapid pulse with high temperature, or even an accelerated pulse alone, we should suspect infection.

Treatment: In considering the treatment I shall confine myself to the treatment of the endometritis and the constitutional symptoms caused by the disease, not entering into the treatment of the attendant troubles that are likely to follow or attend the primary trouble.

Preventive Treatment: The lying-in room should be well ventilated, should have plenty of sunlight and be free from dust and foul odors.

Such articles as food-trays, unemptied commodes or bed-pans should not be left in the room long at a time. An antiseptic pad should be worn by the patient during the lochial flow; the best material is perhaps salicylated gauze. Water used about the vagina should have been previously boiled.

A woman falling in labor should take a full bath, special attention being given to the perineal region, scrubbing it thoroughly with hot water and soap, clean clothing should then be put on throughout, the bed clothing should also be clean.

The physician should not carry infectious germs on his person into the room, and he should be scrupulously careful not to insert pathogenic germs into the vagina during the course of his examinations.

A general practitioner, if in attendance on infectious diseases, should not take obstetric work, but if he cannot avoid it he should take a general bath and change his clothing before entering the lying-in room.

The preparation of his hands is an important item, they should first be scrubbed with soap and water for ten minutes, using a nail-brush and changing the water several times or using running water, then follow with alcohol and ten minutes' immersion in 1 to 1000 bichloride solution.

As few examinations as possible should be made, some enthusiasts even advocate conducting labor without any internal examinations, but it seems to my mind that it would be impossible to get a correct idea of the conditions with which we have to deal without the digital examination.

The nurse should observe the same precautions with regard to personal cleanliness as are recommended for the physician.

Implements used should be boiled for five minutes previous to use; those that cannot be boiled should be immersed for a half hour in a bichloride solution.

Curative Treatment: The treatment of puerperal infection is both local and general. Locally a general disinfection of the

entire genital tract is called for in every case, the fact that this procedure may do actual harm in certain cases should not be overlooked, yet the marked and certain beneficial results in the majority of cases should out-weigh our objections to it in the few cases where it is harmful, considering the fact that we have no way of telling beforehand that harm is going to result from it.

The external genital region and vagina should be scrubbed with soap and water, the vagina is then douched with a 1 to 2000 bichloride solution, the uterus should then be douched with some antiseptic solution. One of the best that I have used and for which I am indebted to our fellow member, Dr. William Golden, is one of tincture of iodine two ounces to one half gallon of water; other solutions that may be used are 1 to 10,000 bichloride, 2 per cent carbolic acid, 5 per cent lysol or creolin, deci-normal saline solution, plain sterile water, and 50 per cent alcohol.

The douche should be repeated as in the judgment of the physician it is needed, not usually more than once a day. Great care should be used in giving the douche not to cause an abrasion of the mucous membrane of the uterus or vagina, as it is by this means that harm often results from breaking through nature's means of defense, namely, the leucocyte wall that occludes the uterine sinuses, thus affording new and direct avenues for the germs to invade the system.

If the douche does good it will be noticed that the temperature goes down and the pulse becomes less frequent.

Curettement is not advisable except in case of retained placenta or membrane, and then only with a dull instrument.

In certain cases in which much blood has been lost, as in a case recently treated at the Davis Memorial Hospital in which the patient said she had bled more or less for three weeks before labor, and which proved to be a case of placenta previa with enormous loss of blood at time of labor, great good seemed to result from the subcutaneous injection of normal salt solution.

General Treatment: The general treatment should be stimulating. The patient should have as much food of an easily digestible character as can be assimilated. Rest and freedom from care and worry are important.

Of drugs the most useful are ergot to stimulate contraction of the uterus, quinine as a bitter tonic and antipyretic, strychnia and digitalis are useful as heart tonics, carbonate of ammonia and alcohol are useful in emergencies to tide the patient over.

Specific Medication: Under this head may be mentioned the use of antistreptococcic serum which is still on trial, some having abandoned it, while others continue to use it. Its use is irrational without bacteriological evidence of the presence of the streptococcic germ. In some cases recovery has been said to be prompt and permanent while in others improvement is slow or wanting. It might be worthy of trial in a desperate case without bateriological tests.

Other remedies that are more or less lauded by certain authorities are Crede's ointment, which is a preparation of silver; it is to be used by inunction. Mercurial ointment is used in some European clinics, the drug being pushed to the point of salivation.

Barrows, of New York, in 1903 reported a case cured by the intravenous injection of .02 per cent solution of formaldehyde. It has since that time been tried with varied results.

Pryor's iodine treatment consisted in curetting the uterus and making a posterior section of the vaginal wall, then packing the cul-de-sac as well as the uterus with iodoform gauze. He reported uniform good success by this method.

Finally may be mentioned "the ichthyol treatment." It consists in packing the uterus (after clearing it of debris and irrigating with saline solution) with gauze soaked in sterile solution of ichthyol and water 1 to 1.

This is recommended when douching is ineffective.

In conclusion I cannot do better than to quote to you from Holmes' paper which has already been referred to. In speaking of the errors and mistakes that were common in the treatment and management of labor cases in his day and to which he was trying to open the eyes of the profession, he used language as follows:

"No tongue can tell the heart-breaking calamity they have caused; they have closed the eyes just opened upon a new world of love and happiness; they have bowed the strength of manhood into the dust; they have cast the helplessness of infancy into

the stranger's arms, or bequeathed it, with less cruelty, the death of its dying parent. There is no tone deep enough for regret, and no voice loud enough for warning. The woman about to become a mother, or with her new born babe on her bosom, should be the object of trembling care and sympathy wherever she bears her tender burden or stretches her aching limbs. The very outcast of the streets has pity on her sister in degradation when the seal of promised maternity is impressed upon her. The remorseless vengeance of the law, brought down on its victim by a machinery as sure as destiny, is arrested in its fall at a word which reveals her transient claim for mercy. The solemn prayer of the liturgy singles out her sorrows from the multiplied trials of life, to plead for her in her hour of peril. God forbid that any member of the profession to whom she trusts her life, doubly precious at that eventful period, should hazard it negligently, unadvisedly, or selfishly."

References: Text Book of Obstetrics, Barton Cooke Hirst; The Practice of Obstetrics, J. Clifford Edgar.

A REVIEW OF PNEUMONIA.

R. H. Edmondson, M. D., Morgantown, W. Va.

(Read before the Monongalia County Medical Society.)

While pneumonia is not particularly prevalent in this community, a review of its statistics and treatment will be of interest, for our turn will surely come, as it has wrought havoc among other people and in 1900 caused the death of 191.9 persons out of every 100,000 in the United States, making a total of 55,296 deaths for the year.

Certain localities seem to be local areas of infection, but probably this is due largely to the local conditions of climate and the environments of the people. Chicago, through her Board of Health, reports nearly 17,000 deaths from this disease alone in the years from 1851 to 1900, and from 1891 to 1901, 25,228, while there were but 22,957 deaths from tuberculosis, making an excess of 9 per cent in favor of pneumonia.

Wells, of Chicago, has tabulated some 500,000 cases, and he gives the mortality rate for pneumonia at 20 per cent. Scott, of Philadelphia, gives the mortality rate for his city as 20 per cent, while DeNimpert, of Minneapolis, for March, 1902, gives 56 deaths out of a total of 184 from all causes in his city. The conclusions reached by the studies of the statisticians are as follows: 1. Pneumonia is the greatest life-destroying disease. 2. It is rapidly increasing. 3. With all the improved methods of treatment the death rate is increasing rather than diminishing.

And in connection with these assertions, Dr. Darlington, Department of Health of New York City, has prepared two large charts which show the increase of pneumonia since 1870. These charts show that the death rate has increased nearly 50 per cent in 33 years. The highest point reached was in 1892 and 1893, when there was an increase of from 75 to 85 per cent over that of 1870. Another chart gives the comparison between the death rate from pneumonia and from pulmonary tuberculosis from 1870 to 1893. For the first twenty years of this period tuberculosis was far in excess in death rate, but in 1891 pneumonia took precedence and has maintained it since.

It is interesting to note the effect of altitude on the mortality of pneumonia. Goodman, of the City of Mexico, (the altitude of which is nearly 8,000 feet) gives a summary of 101 cases treated at the American hospital since 1890. Of this number 91 were males and 10 females. The first six months of the year gave the largest number of cases, 79. During the rainy season pneumonia is not so prevalent or fatal. The mortality from 1860 to 1890 was 39.8 per cent; from 1890 to 1900, 50.1 per cent. There are those, however, who claim that pneumonia is not the "Captain of the Men of Death," and claim there are six destroyers of life which stand between pneumonia and the distinction of leadership. Prominent among these is Dr. John S. Fulton, of Baltimore, who in a recent able article defends pneumonia against those who he claims are radical in their statistics. His conclusions are these:

1. The returned mortality of the United States for the ages between 15 and 60 during the past 20 years shows a diminished mortality from the class of respiratory diseases commonly returned as pneumonia. 58.5 per cent of the population of the United States and 66.5 per cent of the population of cities are between the ages of 15 and 60.

The incidence of lobar pneumonia on a major part of the population is therefore diminishing.

2. The returned mortality of the United States for ages above 60 for pneumonia has increased from 21.9 to 22.6 per cent, but the population has, in the same age and same time, increased from 6.2 to 6.6 per cent.

3. The returned mortality of the United States for ages under 15, (about one-third of the total population) shows an apparent rise of mortality for pneumonia. But in former years respiratory troubles of children were often mistaken for affections of the nervous system and so returned, but the correct diagnosis and tabulation can account for the apparent increase of pneumonia.

4. Since 1890 a new cause of infant mortality has come into view, an acute respiratory affection attacking infants of two years old and under. This is commonly returned with a diagnosis of pneumonia, but it is probably due to influenza.

5. The mortality registrations of American cities represent a perversion of statistics which must eventually bring discredit on American mortality registrations. So much for the statistics of the disease.

The treatment of pneumonia is no less interesting than a review of its prevalence and statistics. There is a large class of practitioners and teachers led by distinguished men, such as Osler and Herrick, who frankly state: "We have nothing that will neutralize the poison of the disease." And as Prebble puts it: "We know nothing that will actually help the patient, let us therefore be content that we do no harm." Personally, I am not in sympathy with such agnostic views in the treatment of the disease under consideration or "the sit-still-and-do-nothing policy" of many other diseases. I believe in certain dependable action of drugs, intelligently administered and in proper dosage But don't be a veterinarian when your patient is not a mule.

But let us consider some of the theories which have been and are in vogue upon which the treatment of pneumonia is based. Here they are: The antiphlogistic theory, the antiseptic theory, the inflammatory theory, the rational theory, the expectant theory. Now we, of this enlightened age, have discovered the one true and only correct theory of its cause and therefore its treatment, the germ theory. We know that it is the toxemia caused by the pneumococcus lanceolatus.

Fifty years ago all of our standard works were by Englishmen and Scotchmen, with American notes. Their treatment was to bleed, freely and often. Mackintosh states that he has taken 56 oz. at one bleeding and 120 oz. in the first four days. He also states that he has a record where 192 oz. was taken, which he considers too much. Bleeding was followed by brisk cathartics, and that by tartar emetic, usually beginning with ¼ to ½ gr.; it was rapidly pushed to two grains every hour and often one, two, or three drachms were given in 24 hours. In giving tartar emetic in such doses, you drown the patient in his own effusion. Oedema of the lungs is sure to result This was realized in time and reaction followed. Then came mercury as the remedy *par excellence*, for it arrested the effusion of lymph which tended to spoil the texture of the lungs. It was pushed to salivation and then, if the patient still showed signs of a desire to live, he was blistered and so our "heroic fathers" practiced.

Later, Bennett came forward in advocacy of his antiphlogistic theory, and claimed to save "two out of three cases" by this method. His advice was to 'further all necessary changes which the exudates must undergo to be freely excreted from the economy." A very reasonable theory.

"As Watson was a fair representative of the antiphlogistic plan of treatment 50 years ago, and Bennett of the rational plan 40 years ago, so the elder Flint was the best exponent of the expectant plan 30 years ago, while Bartholow fairly represents the same plan 20 years ago and Loomis 10 years later.

Under the first two plans but few different kinds of drugs were used, while with the expectant plan a great variety was brought into use, and as time passed they constantly increased. Flint followed the usual plan of dividing pneumonia into three distinct stages, and then prescribed a different plan of treatment for each stage, recommending some 12 or 15 different drugs in the five to ten days of the acute stages of the disease."

Coming down to our present time we find Schwartz, of Germany, claiming that iodine is a specific for pneumonia; and so at different times veratrum viride, carbonate of ammonia, digitalis, ergot, salicylate of sodium, benzoate of soda, carbonate of creo-

sote and many others have been heralded through the medical press as the long sought specific. Among the latest,and one that has been widely tested and is yet quite favorably spoken of, is carbonate of creosote. While the first 1,100 cases reported as being treated by carbonate of creosote showed only about 5 per cent of deaths, yet Scott and Montgomery report having treated 67 cases in the Pennsylvania hospital with ten deaths, or about 15 per cent. This is a fair showing in a hospital where the general average is 20.4 per cent.

Bartholow tells us that Flint once claimed that large doses of quinine, 20 to 40 grain doses, would abort pneumonia. But Flint's dose was homeopathic in size compared to that advocated by Dr. Gilbrath, of Cananae, Mexico, who in a recent article in the Journal of the American Medical Association, after detailing the history, examination and diagnosis of his cases, of which there were 50 "consecutive ones without a death," he gives the following as his routine treatment The man was hard to arouse but 75 grains of quinine were administered. One hour later 40 grains more were administered; five hours after the initial dose 40 grains more. With this the well-meaning doctor gives 15 drops of tinct. of chloride of iron every three hours and ends his article in this style: "This treatment may seem aggressive to some, but I believe the future will record many larger doses. The most prominent feature that recommends my treatment of pneumonia is the absence of cardiac depression and the early resolution that invariably follows." But note this closing sentence: "The giving of quinine during the stage of resolution must be carefully watched, as small doses, of from 5 to 10 grains, will frequently produce cinchonism."

Dock, of Ann Arbor, advocates the use of the ice bag for the relief of pain, the cold bath for high temperature, rectal enema for tympanites. Hypodermoclysis for failing heart action, and oxygen for paralysis of respiratory centers, marked by dyspnoea and cyanosis.

Dr. Solis Cohen, of Philadelphia, gives the following as the cause of heart failure in pneumonia. Excessive fever, 105 or 6; tympanites, general want of nourishment and deficient oxygenation; and adds, such contributive causes are best met either by general measures or by symptomatic means directed to the removal of the special symptoms or conditions.

For the early stages of hepatization he advocates infusion of digitalis. For sudden collapse he advises the use of suprarenaline given in 1-20 grain tablet triturate on the tongue every two minutes until reaction is accomplished. Or camphor in doses of 20 to 30 minims in sterile olive oil may be given hypodermically; but he relies particularly upon the injection of tinct. of musk in five to ten drop doses for quick and sustained action. Antipyretics and hypnotics are condemned. For the elimination of urine, saline colon injections are urged.

The treatment by alkaloids as followed by Abbott is worthy of note. His endeavor is to prevent or at least limit each stage in its development. To quote him: "We were taught that the first step in a pneumonia consisted in dilatation of the pulmonary capillaries; then came diapedesis of white cells, possibly rupture of vessels and effusion of blood with exudation of red and white cells, fibrin, bacteria, epithelium, etc.

If the first step is not taken there can be no second. If the primary dilatation of the capillaries is relieved, the subsequent phases of the process must wait. Hence we relax the spasmodic contraction of the cutaneous and central vessels by giving sedatives like aconitine and veratrine, as our fathers did by giving antimony, while we restore tone to the paretic walls of the pulmonary capillaries by the use of strychnine and digitalin. By employing both principles at once we accomplish both indications, and thus obtain a more direct and powerful action than when either one of these therapeutic forces is put in operation without the other.

This is most conveniently accomplished by using small and closely repeated doses of the above agents combined in accordance with the particular indications of each case. Thus we may administer aconitine amorphous, gr. 1-134, and digitalin Germanic, gr. 1-67, every ten, twenty, thirty or sixty minutes until the pulse and the other symptoms show that the desired impression has been made upon the circulation, then less frequently so as to keep up the desired effect. If the pulse is unusually hard and the elimination deficient, as in what is known as sthenic pneumonia, we add to the above veratrine, gr. 1-134; while if the heart is weak and the symptoms denote the asthenic type of the malady, we add strych-

nine arsenate, gr. 1-134, to each dose. As the type changes from sthenic to asthenic, or vice versa, we change from one to the other of these triad combinations and back again. This enables us to pursue the same general plan throughout, but gives a *flexibility* to our therapy that has no parallel elsewhere."

He secures and maintains antisepsis of the bowel by the following medication: "One-sixth grain of calomel (or one-sixth each of calomel and podophyllin) is given every half hour till one-half to one grain has been taken, and then enough saline laxative to flush the bowel freely. Then the sulphocarbolate of zinc, from 30 to 60 grains a day, or more. If this salt proves irritant to the stomach, the compound sulphocarbolates of zinc, lime and soda may be employed, with a little bismuth salicylate. After the bowels are disinfected, a smaller daily dose will keep the stools free from odor.

Other antiseptic agents may do as well as the sulphocarbolates; the principle is the thing, but so far, in the writer's experience, no other has given as good results at so moderate a cost."

The profession has waited long for "a Moses to lead them to the promised land" where serum therapy would give them hope of giving their patients a foot-hold in Canaan, and at times we have thought we were in sight of the goal, but in a recent article Dr. Anders, of Philadelphia, gives the following conclusions regarding the serum treatment of pneumonia:

1. A sufficiently extensive trial of the antipneumococcal sera has been made to determine with a reasonable degree of accuracy their efficiency, and the results as a whole fail to carry conviction.

2. An efficient serum or one that will cut short the pneumonic process is yet to be produced. Although according to some clinicians, the sera available at present have a restricted field of usefulness.

3. Recent observers have employed the serum in massive doses from the commencement of the disease without gratifying results.

4. The practical results of the use of the antipneumococcus serum, as shown by the mortality percentage, does not warrant its general introduction.

5. The sera thus far found possess no antitoxic qualities, and their anti-infectious properties have not been proven.

6. Further investigation into the subject with a view to discovering an efficacious serum are strongly advised and encouraged.

INDICATIONS FOR PREMATURE DELIVERY.

C. L. Holland, M. D., Fairmont, W. Va.

(Read at annual meeting of State Medical Association, June, 1906.)

The course of pregnancy may be arrested artificially at any time in the interest of either mother or child. The subject divides itself naturally into two parts. First, if gestation is interrupted before the fetus has become viable, that is prior to the one hundred and eightieth day, it is called the "induction of abortion;" and second, if after the child has attained viability but before the period of full term, or two hundred and eighty days, it is termed the "induction of premature labor." The date of fetal viability is therefore the line of division between these two operations.

The operation for induction of abortion dates back to the earliest antiquity and more or less accurate directions for its performance are to be found in the oldest writings upon medicine. The practice of inducing abortion became so extensive in ancient Rome that we may find it repeatedly referred to by secular writers of that day as a matter of common occurrence. With the rise of the Christian era, however, it came to be considered as criminal, except when undertaken for the express purpose of saving the life of the mother. The line of distinction between criminal and therapeutic abortion has in later times been very closely drawn.

The induction of abortion is a procedure that should be undertaken with great reluctance. However, if in the course of pregnancy some pathological conditions arise as a direct consequence of gestation, or if a woman suffering from disease is made much worse by the existence of pregnancy and her life is distinctly endangered thereby, it is not only justifiable but it is the duty of the physician to terminate the pregnancy and thus save the life of his pa-

tient instead of sacrificing the life of both mother and child.

The most frequent condition demanding artificial interference will probably be pathological vomiting. When all the remedies for relief of this condition have been carefully and conscientiously tried with no avail, when alimentation per rectum has been continued for a week or ten days and no improvement in the patient's condition is noted, and it becomes evident that she is in danger of death if the pregnancy continues, the uterus should be emptied.

Death of the embryo is another condition calling for active interference. If it can be demonstrated that the fetus is dead, its removal is imperative. It is well to remember, however, that the signs of fetal death are sometimes difficult to elicit, and a certain diagnosis can only be made after an extended observation, unless the amnion has ruptured and putrefactive changes in the fetal body have become manifest.

Albuminuria and degeneration of the kidneys are conditions demanding prompt and careful attention. If untoward symptoms arise, such as persistent head-ache, progressive oedema, steady or rapid increase in the amount of albumen, sudden diminution in the amount of urine, tube casts in large amount, and failing vision, in spite of careful and thorough hygienic, dietetic, and medicinal treatment, abortion should be induced.

Hemorrhage from the uterine cavity, due either to placenta praevia or from the detachment of a placenta normally situated, may be so excessive or so long continued as to demand prompt evacuation of the uterine contents.

The advent of certain diseased conditions within the uterine cavity, as *cystic degeneration* of the *chorion,* or *acute hydramnios* in which the fluid has accumulated in such amount or so rapidly as to produce alarming symptoms, demands that the uterus be promptly emptied.

Certain displacements as prolapse, anteflexion, and retroflexion of the pregnant uterus, resisting all efforts at reposition and threatening to become incarcerated, demand the termination of pregnancy.

In the course of gestation *acute mania* and *melancholia* or *chorea* or possibly a *general pruritus* may arise and show such grave symptoms that termination of the pregnant condition must be considered.

If *organic heart lesions* exist in which the compensation is weakened or broken, or if there be disease of the blood such as *pernicious anaemia* or *leucocythaemia,* abortion is indicated at an early period.

In addition to the indications for abortion above mentioned, there are special indications for the interruption of pregnancy after the child has become viable; the most important of these is a *contracted pelvis,* in which case the patient should be allowed to choose for herself between a premature delivery and Caesarean section at term. The next in importance is *placenta praevia* in which active measures are always indicated.

In the case of *advanced tuberculosis* in a pregnant woman, it may be necessary to secure delivery before the fatal termination of the disease which is evidently close at hand, or to save her the strain of the last month of pregnancy and secure her an easy delivery.

Lastly, labor may be induced at term or shortly thereafter in a patient showing a disposition to a *prolonged pregnancy.*

In any of the conditions and indications above referred to the question is one of such moment that it should never be decided by the attending physician on his own responsibility alone, no matter what may be his skill or experience. There should always be a consultation so that the responsibility may be shared, and the physician be free from criticism, and the unwarranted claims so frequently brought forth for damages.

CATARACTOUS FAMILIES.

John L. Dickey, A. M. M. D., Wheeling, W. Va.

(Read at meeting of West Virginia Medical Association, June, 1906.)

The ordinary observer, and the stock-breeder, as well as the medical man, know that marks and physical peculiarities and tendencies to certain diseases, also mental and moral traits, are apt to run in families and are transmitted from one generation to another, either directly or by atavism.

In fiction, which is generally founded on the best proven facts, Anthony Hope's "Prisoner of Zenda" illustrates well by the plot of the story the recurrence of physical peculiarities by the cropping out in succes-

sive generations of the Rassendyll family the long, sharp, straight nose and the dark red hair that distinguished the race of one of the ancestors.

Every one of us, no doubt, knows a family that is distinguished by prematurely gray hair, and this peculiar aberration of one of the vital processes may manifest itself not only in one, but in several generations; in fact, back to the time when the memory of man runneth not to the contrary.

The eye, probably more than any other feature, shows in families as a hereditary peculiarity. The brown eye, or the blue or gray; the myopic or the hyperopic, or the astigmatic eye may readily be followed through several generations.

Would it not be natural, then, to expect cataracts to be hereditary? Would it not be as natural to find a whole family with opaque lenses as with prematurely gray hair? I think it would; and to prove my contention, wish to report at least four families which I have run across in my practice that were cataractous families, or families with a hereditary tendency to opaque lenses.

The first family was one in which the mother had been blind with soft cataract at the age of forty. She was operated on successfully. On November 6th, 1884, I removed a hard cataract from the eye of one of the daughters, aged thirty-eight. I used cocaine as an anaesthetic. It was the first time on record, I believe, that cocaine was used as an anaesthetic in cataract extraction. On February 5th, 1885, I operated on the other eye of the same patient. The result was perfect, vision of 20-20 being secured in each eye with the proper glass. In 1892 I removed a hard cataract from the eye of another daughter, aged forty-seven. The result was perfect vision. In 1895 I operated on the third daughter who had been blind for twenty years with capsular cataract. She had been living in Missouri during that time and had lost one eye entirely from an operation that proved unsuccessful. She came back home to have the remaining eye operated on. The dense, opaque capsule was largely removed, and the result was perfect. She was able, with the proper glass, to read small pica print. After her twenty years of blindness she had not forgotten in the least how to read. The remaining daughter of the family is about sixty-five years old and still has good eyes and normal vision. Of the two sons in the family nothing definite could be learned, as they had gone away from home early in life. One of them served through the Civil war, and they heard at home he had gone blind.

The second family that seemed to be cataractous was that of a man aged sixty-seven on whom I operated for a ripe cataract in 1898. His father had cataract in both eyes, well-matured, when he died at the age of sixty-eight. An older sister of my patient had been blind from cataract and had been operated on when about fifty years old. Another sister, aged about sixty, had a mature cataract in the right eye at the time. The male cousins, sons of his father's brother, had cataract in both eyes when about sixty years old.

The third case of possible hereditary cataract was that of a man aged forty-four years whom I operated on in 1899. He was totally blind from double cataract, and I removed a hard, fully matured lens from the right eye, in which the vision had begun to fail two years before. His brother had gone blind from the same cause when about forty years old, and had been successfully operated on. His father and mother were living at seventy with good vision, but his father's sister had double cataract when seventy years of age.

In 1904 I removed a mature cataract from an old gentleman of seventy-four. His sister, aged eighty-two, had been blind in one eye from cataract for several years, and had one eye operated on a year before her death. A sister of his father had also been blind from double cataract for several years before her death at seventy-seven.

Dr. G. N. Brazeau, of Fond du Lac, Wisconsin, at my suggestion, having read my report of this last case in the Association Journal, sent a report of a family in his practice which was published in the Journal in July, 1904. In the family he reports the mother, aged sixty-four, a son aged thirty-six, a daughter aged thirty-two, and a grandson aged ten, are all afflicted with partial cataracts.

Dr. Edward Nettleship, of London, the eminent occulist who operated on Gladstone for cataract, has written about hereditary cataract, and asserts that Americans have reported no cases of the kind. Dr. Casey Wood, of Chicago, wrote an excellent paper on the subject recently that he read

before the Ophthalmological Section of the Philadelphia Academy of Medicine, which I had the pleasure of hearing. The whole subject is an interesting one and deserves study and observation and report.

MEDICAL LEGISLATION IN WEST VIRGINIA.

G. D. Lind, M. D., New Richmond, W. Va.

(Read at Annual Meeting of State Medical Association, June, 1906.)

Rome was not built in a day. In view of the fact that reforms are slow in progress, this platitude will bear iteration. The need of medical legislation has been felt in this country for many years and we have made quite a perceptible amount of progress during the past two decades. At Fairmont, two years ago, I read a paper on "The Need of Medical Legislation." By a mistake of the printer the word "no" appeared instead of the word "the" in the program. Some of you will recall the words of indignation uttered by the president when the paper was read by title. That printer's little error was the means of calling forth some strong views on the subject and the expressions of approval were prompted more by a revulsion of feeling than by the real merits of the paper.

I shall attempt to make only three points in this discussion:

1. I wish to review the legislation we already have and to urge upon the profession the absolute necessity of further legislation.

2. I wish to make some suggestions on the question of the best means to employ to bring about further legislation.

3. Some hints on the question of securing better enforcement of the legislation we already have.

Boards—In every state and territory of the United States, and in some foreign countries, there are established by law medical examining and licensing boards. Some states have two, others three, to correspond with the so-called special schools of medicine. Others provide for the irregulars by having one or more of their representatives on their board or by calling in representatives. Seventeen states and territories are members of a confederation of reciprocating, examining and licensing medical boards, organized for the purpose of establishing medical reciprocity among the states. They have agreed upon certain prerequisite credentials and certain qualifications by virtue of which the candidate may obtain license in any of these states. The Council on Medical Education of the A. M. A. after conferring with state examining boards, government medical services, associations of medical colleges and colleges of liberal arts, recommend a minimum standard of requirements. These were quoted in the president's address.

Thirty-eight states require a diploma and an examination. This law was proposed by our State Medical Association for action in the legislature of 1904-'05, but nothing was done. We must get this law next winter with improvements, suggested by the council on medical education. Our State Board of Health should be chosen from members of the State Medical Association by their recommendation, so that the choice may be free from political bias.

Branches Examined.—The legislation in regard to the branches of study on which the applicant is examined differs greatly in the different states. All states and territories require examination on anatomy, physiology, chemistry, surgery, obstetrics, materia medica and therapeutics, and theory and practice of medicine, and these branches are named in the acts of legislation. Kansas leaves it to the discretion of the board. In Mississippi and Nebraska the branches are not stated in the law, presumably left to the board.

Bacteriology, the most important branch of all, is specified in the laws of only seventeen states and territories. Two or three states may include it at the discretion of the board. Embryology, pediatrics, gynecology, medical jurisprudence, etiology, physical diagnosis, eye, ear, nose and throat, are specified by perhaps a half dozen states. Presumably included in more general subjects by the majority of boards.

Every subject pertaining to medicine which is taught in the most reputable of first class institutions should be on the curriculum of examining boards. We should insist on this in the revision of the law of West Virginia next winter.

There are eight states and territories which in their acts give no definition of the practice of medicine. In many the defini-

tion is vague and unsatisfactory so that courts will differ in their interpretation, and in many cases the violator of the law will escape punishment. For example, our own law reads as follows: "Any person is regarded as practicing medicine who professes publicly to be a physician and prescribes for the sick, or who appends to his name the letters M. D." According to this law, a man may prescribe for the sick all he pleases, just so he does not also publicly profess to be a physician, or write M. D. after his name. Why should a man's public profession or the manner in which he writes his name have anything to do with the question? He violates the law whenever he prescribes for the sick and that is the end of it. The state of Nebraska has a simple and complete definition of the act of practicing medicine. It reads: "Any person shall be regarded as practicing medicine who shall operate or profess to heal or prescribe for, or otherwise treat any physical or mental ailment of another." West Virginia should profit by this suggestion.

I believe Connecticut is the only state which requires a license for mid-wives. We seldom find a case of puerperal fever following a labor conducted by a physician in these days of aseptic obstetric practice, but how frequently do we see infection following the work of the uneducated, frequently superstitious and uncleanly mid-wife. Midwives should have instruction in aseptic handling of the puerperal state, be examined and licensed. This could be done by a county board.

A compulsory vaccination law should be demanded in West Virginia. The numerous coal mines, lumber industries and manufacturing plants necessitating the herding together of a large per cent of her population, accounts for the rapid spread of small-pox. A purely agricultural community may get along without vaccination, but where the people are almost constantly in close contact with their fellows, vaccination is the only means of prevention worth considering. Our president in his address last year completely covered the grounds of argument in favor of a compulsory vaccination law.

President Hood last year also recommended a law restricting the sale of cocaine and morphine. I think he should go further and strike at the root of the whole matter by demanding a law prohibiting the sale of all drugs and mixtures of drugs to be used as medicines without the advice and consent of a licensed physician.

This may seem, at first blush, as sumptuary, but it is not more so than quarantining against infectious diseases. The lives of human beings are at stake as well as the commercial interests of the physician and the public. The Proprietary Association of America will fight such a law with all the means within their power, but will they do more to prevent such legislation than they are doing to prevent a law compelling them to divulge their secrets of composition and preparation? Such a law would be, of course, difficult to enforce, but if physicians would do their part in exposing violations and urging authorities, we could in time destroy the business of the nostrum maker. The maker, vendor and one who prescribes directly are alike guilty of violation of law for they are in reality practicing medicine.

The state of West Virginia needs a hospital or camp for the treatment of tuberculosis, and a hospital for the treatment of epilepsy and alcoholism. These institutions if properly conducted would in time prove of vast importance from an economic standpoint. It is cheaper to prevent disease and crime than to pay the expenses of disease and crime.

How shall we obtain the needed legislation? There has been from time immemorial an unfounded prejudice against the doctor and the preacher participating in political matters, founded on the old saw, as Dr. A. L. Reed says: "A shibboleth of the unthinking which admonishes the shoemaker to stick to his last, a saying presumably wise, that ought to be ripped up in front and torn down behind, if for no other reason than that it has acted as an impediment to progress through centuries."

The Provincial Congress of Massachusetts in 1774 contained 22 doctors. No wonder it was a revolutionary body. The state legislature of West Virginia last year contained seven doctors. No wonder we had no legislation on medical subjects. The Declaration of Independence was signed by five physicians, one of whom, Benj. Rush, was eminent as a practitioner, an educator and a philosopher, whose memory we are now honoring by a fitting monument.

We should attend the primaries and the conventions and talk men and measures to

our friends. You will lose no practice by being a politician, not even though you be a partisan one, unless you stoop to the dirty jobs of the politicians. You can use your pen in trying its influence on your legislator even though you did not vote for him. You can circulate petitions among your constituents asking the legislature to pass upon laws recommended by our State Medical Association.

We had no legislation on medical subjects until we had some considerable degree of organization in the profession. This is a significant fact. When we get that perfect organization which we are striving for and should have we need not worry about legislation or its enforcement. Is there any reason why every licensed physician in West Virginia should not be a member of the State Medical Association and of the American Medical Association? The man who thinks so little of his profession as to remain outside of its organization does not deserve the name of physician. We need individual effort to effect an organization so complete that we may have effectual organized effort. Let each member of the West Virginia State Medical Association make an effort to obtain at least one new member between now and next year and it will not be long before we will have practically the entire profession of the state organized. I wish we could compel physicians to come into the organization somewhat after the manner in which teachers are compelled to belong to teachers' associations. Of course, we cannot expect every member to attend every meeting. Some must stay at home to attend to the practice, but we could meet twice a year with two days' sessions and this would permit nearly every physician to attend at least one meeting.

Two years ago President Barber recommended a state journal. The committee at the time reported unfavorably. Some eminent members among us think it wise to defer this matter. It seems to me fit and proper and an ideal state of affairs if each licensed physician (and there should be no other kind) were a member of the A. M. A. and a subscriber to its journal, a member of his own state association and a subscriber to its journal, and a member of a local society and a worker in its ranks.

There are enough medical journals, such as they are, but we all know that the majority of private medical journals of a general nature are supported by the Proprietary Association of America. The editors attempt to justify their actions by declaring that not all proprietaries are bad, which is true, but there is no argument in the fact, or by declaring that the advertising and editorial departments are entirely different and that doctors don't have to buy these medicines or recommend them if they don't want to. Dr. Newton, of New Jersey, hits the nail when he says: "Only the journals really owned and controlled by the state societies are independent enough, honest enough and have enough nerve to attack this evil of the advertisement of nostrums in the medical press and to keep up the fight. When the medical press has cleared its own skirts it can and will force the lay press and the religious press to follow suit."

Another reason for patronizing state journals instead of private ones is the fact that much of the matter we get in private journals is copied from other journals and we get abstracts of the same in the Journal A. M. A. My idea of a medical journal to be of real value to the physician is that it should contain nothing that is in the Journal A. M. A., for every physician should take that, and everything of value that the state can produce in the way of medical knowledge. Such a journal could wield an immense influence on legislation and its enforcement. Of course, no one can have objection to private journals representing specialties in medicine, as journals of obstetrics, pediatrics, surgery, and the like.

The laws we have are not in all cases enforced. There are men practicing medicine regularly in West Virginia who have received no license and were not practicing when the present law was enacted. The State Board of Health should be informed and should look after these cases. Many cases of contagious disease are reported to local boards and no action is taken. Public opinion must be educated to the necessity of laws and their enforcement. Who is to control public opinion in the case of medical legislation and its enforcement? The individual members of the profession are the responsible persons. We should do all we can by voice and pen to educate the people. We should talk to our neighbors and patrons and write for the local papers.

Selections

THE DIAGNOSIS OF THE EXANTHEMATA.

Jay F. Schamberg, M.D., of Philadelphia.
delphia.

The diagnosis of smallpox is sometimes extremely difficult. The diseases most apt to be confounded with smallpox are syphilis, chickenpox, measles, drug eruptions, etc. The first named disease may most strongly counterfeit the variolous eruption and may require at times close study to be differentiated therefrom. The pustular syphilide is the type which bears the strongest resemblance to smallpox. It may be preceded and accompanied by some fever, depression, aches and pains, and the eruption may change rather rapidly and run its course with considerable rapidity for a specific eruption. It is to be noted, however, that there is no distinct and pronounced illness beginning solely with chills and fever forty-eight to seventy-two hours before the onset of the eruption. The eruption comes out less rapidly than in smallpox, is more multiform, seldom involves the palms and soles and is furthermore accompanied by generalized glandular enlargement and other evidences of syphilis. The initial lesions and the scar thereof may be discovered.

Chickenpox does not present so strong a resemblance to smallpox except in rare instances. The confusion may result from the presence of an unusually profuse varicellous eruption or there may be a sparse variolous eruption which may suggest the diagnosis of chickenpox. In chickenpox the outbreak of the eruption is usually synchronous with the development of febrile symptoms. The eruption even at a very early stage is multiform, maculo-papules and vesicles being present as a rule on the first visit of the physician. The eruption appears in crops and the polymorphism is accentuated after the second crop appears, for there are now present crusted lesions, old depressed vesicles and new tense vesicles. The vesicles are superficially situated, and the thin walls are readily ruptured with the finger. The distribution is quite different from that of smallpox. The trunk, particularly the back, shows the greatest number of lesions and the face and the extremities are but sparsely affected relative to the general extent of the eruption.

The eruption runs a much more rapid course than that of smallpox and as a rule terminates without scars. *Chickenpox in adults* is not nearly so rare as would be indicated by many writers on the subject. Adults who have escaped chickenpox in childhood are very apt to contract the disease if exposed at a later period. Adult chickenpox is often preceded by a prodromal illness somewhat suggestive of that which occurs in smallpox. It is to be distinguished from the initial illness of smallpox by the comparative mildness of the symptoms. There may be fever, weakness, nausea, headache and a little backache, but these symptoms are seldom sufficiently pronounced to enforce detention in bed. High fever, prostration and vomiting are rarely, if ever, encountered. The varicellous eruption in adults may give rise to vesicles which are a little deeper seated and firmer than those seen in children; this is true particularly of the lesions on the forehead, where quite a firm feel may be communicated to the finger passed over the skin.

The facility with which measles, particularly in adults, may be confounded with smallpox, especially during epidemic prevalence of the latter disease, is not sufficiently recognized by the profession at large. In adults the catarrhal manifestations of measles are not always frank and pronounced, and may at times be overlooked; the lesions, moreover, may be quite papular and resemble strongly to the sense of sight the eruption of an early confluent variola. During the epidemics of smallpox errors are frequently made in regarding measles as smallpox, and in the absence of epidemics, of diagnosing smallpox as measles.

Drug eruptions, particularly those resulting from the administration of the iodides and bromides may bear a suggestive resemblance to smallpox, but may nearly always be differentiated therefrom by close study of the eruption and the attendant symptoms.

In suspected cases of smallpox a sign of much value is the vaccinal condition of the patient. In a patient with profuse cutaneous outbreak, the presence of a good vaccination mark, resulting from a vaccination five or ten years previously, would constitute strong evidence against the variolous nature of the disease under consideration. The prevalence of an epidemic or the his-

tory of exposure to the disease are also factors which must be carefully ascertained in formulating the diagnosis.

It is comparatively easy to diagnose scarlet fever in a typical and pronounced case. There is no acute eruptive disease, however, which presents more difficulties in diagnosis when extremely mild and aberrant cases are encountered. Patients seized with sudden vomiting, sore throat, and fever, followed on the second day by a generalized scarlatiniform rash over the body, lasting four or five days, present a picture which cannot be mistaken. But unfortunately, cases presenting extreme mildness of one or two symptoms are not apt to present the other usual manifestations in characteristic form. When the temperature is a little elevated and the rash poorly developed, the throat and tongue commonly fail to shed any light on the nature of the disease.

Errors of diagnosis result not only from the occurrence of extremely mild cases of scarlet fever, but also from the existence of other affections, which produce a rash more or less indistinguishable from that of scarlet fever. Scarlatiniform rashes may precede the true eruption of smallpox, chickenpox, measles and typhoid fever, and may occur during the course of malaria, dengue, influenza, cholera, rheumatism, pyemia, septicemia and other diseases. They may also result from the administration of drugs, particularly quinine, salicylates, mercury, belladonna, etc. Autotoxins, particularly those developed in the intestinal canal may also give rise to rashes of this character. Some of these eruptions may be followed by scaling, but desquamation does not necessarily indicate the scarlatinal nature of the antecedent exanthem. The red papillated tongue, when well pronounced, is of considerable diagnostic value, although it must be remembered, that there are mild cases of scarlet fever without any enlargement of the lingual papillae, and on the other hand, there is a considerable variation in the size of these papillae in individuals in normal health. The presence of a pronounced angina, characterized by congestion and swelling of the tonsils and half arches, associated with scarlatiniform eruption, is strong evidence in favor of the scarlatinal character of the disease.

The diagnosis of scarlet fever can only be made in doubtful cases by attention to all of the symptoms present and without undue or exaggerated value being attributed to any one manifestation.

As to the duration of the infection of scarlet fever, it is a difficult matter in any given case to say just when the period of infectivity terminates. The probabilities are that the infection of scarlet fever resides in the secretions of the throat, nose and ears, and cases in which the discharge from the nose or ears is protracted will probably remain infectious for a longer period of time than other cases of scarlet fever.

While a general belief has existed in the contagiousness of scarlet fever scales a change in this regard has taken place within a few years. Indeed, we have no positive knowledge that the desquamating cuticle of scarlet fever is capable of transmitting the disease; on the other hand, there is much evidence which tends to negative this theory. It is a demonstrated fact that smallpox infection may be carried through the air from smallpox hospitals; but experience has proved that aerial transmission of scarlet fever never takes place from institutions in which this disease is treated. This argues against the infectivity of scarlet fever scales, minute particles of which float abundantly in the air in hospitals for infectious diseases. There are other arguments which time will not permit one to enter into.

It is a good working rule, however, to quarantine a patient suffering from scarlet fever until desquamation has ceased, for this ordinarily covers a period of six weeks, and during this time scarlet fever patients are usually in an infectious state. If, however, slight desquamation continues on the hands and feet for some weeks after this period has passed and there be no discharge from the ears or nose, it is doubtful whether sanitary science, in the light of our present knowledge, demands that the patient should be quarantined until every vestige of scaling has disappeared.

Rubella, German measles or rotheln is an affection too frequently confounded with measles. The term "German measles" is unfortunate, inasmuch as it suggests an essential relationship to ordinary measles. Rubella is just as distinct from measles as chickenpox is from smallpox. In both instances there is merely a clinical resemblance. As some of the old names "hybrid measles" and "hybrid scarlatina" suggest, the disease is a sort of clinical compromise between the two affections. The rash con-

sists of pinhead to lentil-seed-sized, barely elevated, rosy macules which are evenly and discretely scattered over the surface. The eruptive elements are smaller, paler and more discrete than those of measles. At times the eruption may be quite morbilliform in character and at other times the rash may resemble that of scarlet fever, but in any considerable epidemic the exanthem preserves in the main the type which is characteristic of the disease.

Patients, particularly children, are often not sufficiently ill to care to go to bed, indeed, may make no complaint whatsoever, so that the eruption is the first manifestation observed. We usually find a little redness and watering of the eyes, sneezing and slight cough present, but these catarrhal symptoms are much milder than when observed in measles. Indeed, the catarrhal symptoms of a severe rubella are not as pronounced as those of a mild measles. A slight degree of sore throat is usually present, characterized by redness of the tonsils and soft palate. The eruption lasts, as a rule, not more than forty-eight hours and disappears, leaving no evidence behind. There are exceptional cases in which the disease may be more protracted. Generally speaking, however, rubella is the mildest of all the acute eruptive diseases.—*From the Jour. of N. J. Med. Soc.*

THERAPEUTIC VALUE OF ERGOT.

Oliver T. Osborne, M. A., M. D., New Haven, Conn.—Professor of Materia Medica, Therapeutics and Clinical Medicine at Yale.

The best preparation of ergot to use is certainly a purified extract, there being no one active principle that represents the activities of ergot. Also, many so-called purified preparations of ergot are useless for ergot activity. Of the pharmacopoeial preparations, the fluid extract is the only one of real value. Several preparations of refined extracts of ergot are stated to have had the principles that irritate and cause gangrene removed, and some of these refined preparations, notably ergone and aseptic ergot, are very active, not irritant, and can be used hypodermatically and for any length of time without causing ergotism.

The principal uses of ergot are as a nerve sedative, as a circulatory tonic, as a smooth muscle stimulant, and as a uterine contractor.

The primary physiological action of ergot is to contract the blood vessels, slow the heart, diminish the amount of blood in the central nervous system by contracting the blood vessels of the brain and spinal cord, increase intestinal activity by stimulating the smooth muscle fibers of the intestines, strengthen the diminished power of the bladder by the stimulation of its muscle fibers, and contract a dilated or partially distended uterus best during its paturient activity. If ergot is pushed to its full physiological power, the blood vessels become so contracted as to cause cold extremities, vasomotor tension is greatly raised, the left ventricle of the heart is strained by its endeavor to contract against such resistance and may become dilated and incompetent. Peripheral irritability and sensibility are diminished by the decreased local blood supply, as well as by the greatly decreased blood supply of the central nervous system.

If it is given by the mouth, large doses soon cause irritation of the gastro-intestinal canal, and vomiting and purging will occur, while in physiological doses the amount of urine is increased, probably by the increased vasomotor tension, but in too large doses the amount of urine is often diminished.

How this drug is eliminated is not known. Very likely it breaks up into its component parts and is metabolized, and thus could not be found any more than could the active parts of a mushroom.

Acute disturbance could occur, as above stated, from profound central nervous depression, with dyspnea, very cold extremities, and labored heart action. Chronic poisoning from the administration of ergot I have never seen, nor do I know of any one who has observed it. In other words, I have come to believe that ergotism, with its area of anesthesia, paralyses, and peripheral gangrenes can only occur from eating ergotized grain, and such damaged food products are now rarely or never allowed to reach the consumer.

The indications which ergot meets are:

1. To contract the blood vessels, raise the blood pressure, and stimulate the heart in conditions of shock, collapse, and circulatory depression.

2. To contract the blood vessels of the brain and spinal cord, especially of the meninges, when they are actually inflamed, irritated, or congested.

3. To quiet the nerve pains in inflammation and irritation of nerves, and especially if the origin of such irritation is central.

4. To promote activity of the bowels when there is intestinal muscular debility, paresis, or paralysis, as in tympanites after operations, or where there is obstinate constipation.

5. To contract the uterus in uterine hemorrhage.

6. To ameliorate asthma which is due to nervous irritability or reflexes.

7. To, I believe, modify or diminish excessive secretion of the thyroid, as occurs in some forms of hysteria and in Graves's disease.

8. To quiet the nervous system, and aid in overcoming the morphine, opium, alcohol, or other drug habits, and to increase the potency of any dose of morphine that may be required for nerve pain.

1. The use of ergot to meet the first indication is now well established. When one of the better preparations is used hypodermatically, and best in the deltoid muscle, I believe there is no drug that we possess—except suprarenal, the action of which is so short lived—that can compare in value with ergot. It may be used in any condition of cardiac and circulatory failure, whether it be in typhoid fever, pneumonia, meningitis, operative shock, or shock from injury. Where there is urgency two, three (or even four) hypodermic syringefuls may be injected at one time, the subsequent frequency depending upon the results. The best action both on the nervous system and on the circulation is obtained only when it is used hypodermatically, although it has good action when given by the mouth. We are greatly indebted to Dr. Alfred T. Livingston, of Jamestown, N. Y, for compelling the profession to realize the advantages to be obtained from ergot in cardiac failure. I do not wish to be understood as advocating ergot in cardiac disease where it would be inadvisable to increase the peripheral resistance and thus possibly increase a failing heart muscle. In chronic heart disease it is largely the heart that fails and not an arterial weakness. In acute circulatory failure it is largely the vessels that are at fault, when ergot would be indicated.

2. The advantages obtained from this drug in cerebrospinal inflammations cannot be too highly lauded. I have already gone on record as advocating the use of ergot hypodermatically in cerebrospinal meningitis, and wish to reiterate that I do not believe any other one drug combined with proper general management of the patient does as much good as does ergot. I have yet to see a case that was not benefited by it, even if not cured. Also, in any condition of nerve pain I find that less morphine is required if ergot is also given. Besides, in inflammations, I find that in neurasthenic conditions, or in general weakness, where there is sleeplessness, and the stronger, more active hypnotics are best not given, that a dose of ergot at night tends to quiet the brain and produce sleep. It also will often relieve congestive headaches when there is not high blood tension.

3. In neuritis, in referred pains, and in psychic or hysterical pain, ergot is of benefit, and besides the actual advantage is the negative advantage of using a drug which we know can do no harm, which is not true of most of the analgesics, such as the coal-tar products, bromides, etc.

4. Nothing is feared more by surgeons after abdominal operations than inactivity of the bowels, with the consequent accumulation of gas, which may cause distention sufficient to interfere with respiration and the action of the heart. Atropine in enormous doses has been used to cause normal intestinal peristalsis, it acting as a stimulant to smooth muscle fiber and also dulling the endings of the peripheral nerves in the intestines, which may have been injured sufficiently to cause inhibitory pain. Eserine, almost the obverse of atropine, has been used on account of its marked stimulant ability to smooth muscle fibers of the intestines. Both of these drugs, as well as various cathartics and methods of using them, have been more or less successful. Probably, however, nothing is more advantageous in this decidedly difficult condition to combat than is ergot, given either by the stomach or better hypodermatically in large doses. In persistent ordinary constipation I have often had splendid results from the addition of ergot to whatever laxative treatment was instituted.

5. The fifth indication to act upon the

uterus is too commonly resorted to to require any discussion. Whether the several other drugs used for this purpose, such as viburnum, hydrastinine, cotarnine hydrochloride (stypticin), or quinine, are ever as valuable, or what are the special indications for each is not in the province of this paper to discuss. I might parenthetically say that the administration of mammary gland extract in profuse menstruation or menorrhagia where there is no serious mucous membrane lesion or tumor growth is often of marked advantage, especially in menorrhagia of your girls.

6. How frequently ergot is of value in these cases of asthma I am not ready to state, but I have had several cases in which I obtained marked benefit from its use, more than with bromides, or ordinary doses of morphine. There are two types of asthmatic attacks, in one of which nitroglycerin or vasodilators are of the greatest advantage, and another type in which the same marked advantage can be obtained from suprarenal in some form, this during the paroxysm. Other types of asthma, and I am not going into the etiological cause, which, of course, must be removed, whether it be nasal polypi or the reflex, where there is more or less persistent wheezing or frequently recurring, almost nightly, attacks, that ergot has seemed to me of marked benefit.

7. Most cases of Graves's disease, with its lowered blood tension, hot flashes, profuse sweating, increased nervousness, and sleeplessness are benefited by ergot; of course not to the exclusion of such drugs as strophanthus, perhaps bromides, thyroidectin, or other antithyroid serum, combined with rest of mind and body, and a diminished meat diet. Ergot is also of benefit in all cases of hysterical excitement, more I believe than all the so-called antispasmodics, except possibly the lime and soda glycerophosphates which also seem to inhibit and quiet thyroid activity. Of course, ergot should not ordinarily be given during the menstrual epoch.

8. As a corollary to the last indication and to its indication in cerebral irritability and inflammation is the use of ergot in drug habits. It certainly aids in a more rapid diminution of the drug and the final withdrawal of it, and with the weak heart and cerebral excitement of delirium tremens or other forms of acute alcoholism ergot hypodermatically is a most splendid, safe, and effective treatment. I do not say that it should be given to the exclusion of other drugs, but it is one of the most valuable.

There is one more condition in which I have used ergot successfully. I have not made this an indication because I have not had cases enough to warrant it. In fact, I have only studied one case, and that was a most inveterate diabetes insipidus in a young boy, ten years of age, whom I have had under observation for nearly two years. He came to me the most wizened up specimen of young humanity that I think I have ever seen short of an infantile atrophy case. He looked like a little old man, and the symptoms were those of a profuse volume of urine, ten to twelve quarts a day, rising from ten to twelve times at night to pass urine, vomiting, persistent headache, itching of the skin, faintness, inability to concentrate his mind upon any subject, lying around dormant or severely sick most of the time, utterly unable to play, study, or do anything. He had seen a number of physicians, and of the best, and many treatments had been tried unsuccessfully. Careful examination revealed nothing but a diabetes insipidus without any apparent cause, and no nervous lesion or injury that could be discovered. The output of urine was always greater than the measured intake. The urine was examined weekly for months, and the food measured, weighed, and analyzed. The specific gravity of these urines was sometimes even with pure water, and never more than 1.002 to 1.004. Under this careful watching and scientific laboratory investigation every treatment, except morphine and opium, were tried without success; suprarenal, thyroid, pancreas, bromide, digitalis, quinine et al.

Suffice it to say, that I was convinced it was a vasomotor affair and gave him ergot, and every time that the ergot has been stoped for observation purposes the boy has always failed to improve and has some bad symptoms develop. In a word, the ergot treatment, the amount of which given him was one half teaspoonful of the best fluid extract, four or five times a day, at first, until now he is on one-half teaspoonful twice a day, has caused his headaches to cease, his appetite to improve, and he has gained weight wonderfully, almost more weight than I wish he had. He is able to study,

and plays as usual. The amount of urine is kept down to about five quarts a day, below which I cannot bring it. He still must urinate a number of times at night, and wakes up on account of thirst. The ergot has done him nothing but good, although he has taken it nearly continuously for a year and a half. He does not show syptoms of ergotism, and if he progresses as he has done, there will be no necessity for giving it in the near future.—*N. Y. Med. Journal.*

THE OPEN-AIR TREATMENT OF PNEUMONIA.

By W. P. Northrup, M. D., New York.

(Read before Am. Med. Asso.)

For more than eleven years I have been treating pneumonia patients in cool fresh air, gradually placing their beds nearer and nearer the open window. Last winter I put them out on the roof. What I have to say about the beneficial effects of open-air treatment is founded mainly on last year's experience at the Presbyterian hospital. In all months of the winter it was our systematic practice to put all pneumonia cases for six hours of the day on the roof, in the open air, in all weather, except high harsh winds, rain or snow. Indeed, the patients were not always brought in for little rains or snow falls, and many times were out when high snow banks formed a corral about the space in which the beds were grouped. A permanent wind-break, formed by the sun room on the west, and a built up screen on the north, protected them somewhat. Much of the time, however, the wind was in the south, and more often in the east. In this case a very inefficient canvas awning partially screened the patients, until one night in December high winds wrecked the canvas.

"The practice of placing severely sick pneumonia patients in the open air in midwinter was not adopted without much observation and some self- education. Gradually, after most careful precautions and constant watching, it became the firm conviction of all observers that such patients were decidedly benefited thereby. At last it was decided upon as a routine treatment.

"No one is convinced by another's experience. I am not going to convince anyone that he should adopt the routine treatment. I am only attempting to get some few to try it for themselves. If it seems to them to give a very sick patient the best chance for life, the method will survive criticism and be adopted. If it does not, it will deservedly fail.

"We wish to support the patient in the fight, to give the blood, the organs and the body cells every aid in our power to counteract the deleterious effects of the infecting agent. I would not underestimate drugs, I would only magnify the therapeutic value of hygienic measures, especially water and fresh air. I would say that the two most important aids are plenty of water, inside and outside, and fresh air everywhere."

Dr. Northrup went on to illustrate his theory with the case of a little girl of three years, who came into the Presbyterian hospital with lobar pneumonia, one large lower lobe being solid. From indications in the mouth the house physician suspected measles, and the child was moved temporarily into a small room with a screen bent around the bed. The child's fever immediately rose, it became delirious and dusky in the face, but on being taken to the roof it soon fell into a quiet sleep. Shortly after its arrival there the mother came to see it, and was horrified to find her child on the roof in the cold east wind, but she was forced to admit that the child looked and seemed better, and she became quite reconciled to the treatment.

Another example was a boy of six who developed a double broncho-pneumonia after a serious operation for foreign body in the œsophagus. This child was so desperately sick that the staff considered it could not live three days, no matter what was done for it, but on being put on the roof for six hours a day it recovered. Dr. Northrup said: "I truly do not believe that this case would have recovered under old ward conditions, and constant rest in the same air and environment. As I said at the outset, I expect no one to be convinced by this paper. I only hope someone will be induced to try the treatment. Begin with a case so bad you believe it has no chance for life. If they show no improvement when entirely surrounded with cold, streaming fresh air, then I have nothing to say."

"To summarize:

"1. The cases most favorably affected by open-air treatment are those with severe poisoning, with delirium, partial cyanosis or deep stupor ('dopey'). In my experience all cases fare better in cool fresh air. Open air may be secured by screening off the bed and a portion of the room next to the window.

"2. In my experience no cases of pneumonia have been injured, and a few have been much aided, possibly saved, by the cold fresh-air treatment.

"3. If pneumonia due to an infecting agency is benefited by the treatment, one may be easily led to try it for other infectious diseases. As a matter of fact I have tried it for *many* others, including typhoid with severe bronchitis, whooping cough with bronchitis and convulsions, with excellent results. It seems to me the ideal treatment for all forms of 'septic fever.'

'4. The only regulation is to make the patients comfortable, keeping their feet warm especially. The ears, nose and hands may get cold without harm.

"Finally—The Presbyterian hospital is so convinced of the permanent usefulness of open-air treatment for all infectious fevers, that it has built a roof garden for the children's ward, and is about to build on the main roof of the medical side of the hospital a colossal roof garden. One-half of this has a "horse shed" structure, the shed open at the south, and a liberal space in front, enclosed, like a paddock, for a roof garden. In bad weather the beds of the fever patients are to be wheeled back into the depths of the shed. In good weather they will be advanced more and more to the opening, or even out into the garden. They will remain there night and day, so long as their fever is high. It is to be an open-air ward."—*Med. Review of Reviews.*

In cases of chronic appendicitis, if an examination be conducted with the patient in a hot bath (150° F.), the thickened appendix may often be felt to roll under the finger.—*American Journal of Surgery.*

Gradually increasing hoarseness in people past middle age, without definite cause, and with a history of pain radiating to the ear, is suggestive of malignancy.—*American Journal of Surgery.*

THE VALUE OF THE COUNTY SOCIETY.

A Symposium in the Wayne County, Mich., Society.

Value of the County Society to the Older Practitioner.

Leartus Connor, M. D., Detroit.

For the purposes of this discussion, we shall define the older practitioner as one firmly established, able to earn his living and save a comfortable surplus. He is neither a past nor coming practitioner but a present one—*the* present one. He has graduated from the class of younger practitioners and is a candidate for the oldest one—so is free from both the friskiness of the former and the fixedness of the latter.

It is well for us to agree on what constitutes a County Medical Society.

1. It is not a *medical club*—black balls are no part of the county society—only the majority voting in open meeting prevents the admission of applicants for membership. In their place medical clubs are of great value, but they are no part of a county medical society.

2. It is not *"a holier than thou society"*—its membership does not claim a past without faults, a spotless present, or a monopoly on all virtues of the future. Such immaculate (in their own esteem) societies have been and still are—since Pharisees linger on the earth.

3. It is a society of the *entire* medical profession in a county. If individuals fail of being reputable, it seeks to place about such the conditions for becoming reputable, and when the process is fairly started, takes them into membership. So long as a single legally qualified physician, within the limits of a county society, is without its membership, so long the Executive Committee has work undone.

The question now fairly before us is "what value has a county medical society to the older practitioner?"

We shall assume that the type of which we speak is well educated generally, as well as professionally, that he is fair minded, and seeks to do his best for patients, fellow practitioners and the people, and

fails not to keep step with the advance of his calling.

The value to such of his county medical society has many factors varying in importance, to individuals at different periods of life, but time permits but brief reference to only a few.

First—The county society augments the knowledge of the older practitioner in many directions. He is quite unable to master the vast field of medicine and surgery. Others study along other lines, read different books, have different experiences, from which at the society meetings they present varied ideas, and make unthought-of practical suggestions. Negatively, incorrect statements, illogical reasonings by fellow members increase knowledge by compelling farther research to remove the awakened doubt. Hence one who has attended county medical society meetings without being conscious of an indebtedness thereto for not an inconsiderable amount of his equipment of practical, proved knowledge, surely fails to keep tab on the source of his stock in trade.

Second—The knowledge which the older practitioner acquires needs trimming, readjusting, condensing, and there is no method more effective than the county society. Let him present the society with papers or specimens, report cases, discuss other papers, specimens or cases, and he will find that his own stock of knowledge is often incomplete, inaccurate or misleading. Thus the county society is a *crucible* for separating the gold from dross in the older practitioner's stock of knowledge. The more isolated his work, the larger his success, the greater his self confidence, the more does he need this refining service of the county society.

Third—Not every doctor has a chance to teach students in a medical college and be advertised by college circulars, advertisements, etc., but the older practitioner can teach the members of the county society, more or less at every meeting and be advertised by its published proceedings and papers. The teaching skill thus acquired is of great value in explaining to patients or their friends, the nature of their ailments and the best methods for giving relief. The ability to think clearly while standing and to speak forcefully, is of infinite value, not only in professional gatherings, but those of the laity. From lack of acquiring this ability offered by the county society to every member, not a few fail of doing to others or securing for themselves the best things in a professional career. Too many forget that the M. D. degree means teacher of medicine, as well as practitioner, and neglect to cultivate the teaching power equally with the practicing. Because the majority of the profession teach the laity so little, they give it little confidence and scant courtesy. The great need of our age is doctors who can and will teach the people that which they ought to know relative to their physical existence; teach towns, cities, states and nations how to conduct their affairs so as to be healthful, strong and prosperous. The county society is a training school for the older practitioner, who really desires to be a teacher of medicine in its truest and noblest sense—by assisting him to think more logically, speak more accurately and write more persuasively.

Fourth—The county society makes it easier for the older physician to obtain a better knowledge of his fellows. These constantly change; some arrive, others depart, all are shifting residence, office, methods of work, habits, personal or professional—each is different from the other, in ways partly open and partly hidden.

With any one of these he is liable to be called into close professional relations. If familiar with the personal equation of each, such relations are more apt to be mutually profitable. Across the street, a physician may appear discreditable but near at hand commands respect. The county society brings the older practitioner so close to every other doctor in his county that he is measurably protected against errors of judgment, when first meeting him at the bedside. All thoughtful persons recognize in the mutual ignorance of doctors a most fruitful source of local squabbles, that have done so much to discredit the medical profession.

Fifth—The county society furnishes the older practitioner an unrivaled chance to become great by being the *servant* of all members. Standing midway between the youngest and oldest, the older practitioner can do much to unite the two in thought and action and so perfect the oneness which is the keynote of the county society. This service rendered so quietly that only the most observant perceive it, done in season and out, to the wayward as well as the shin-

ing light, the ignorant and the learned, the humble as well as exalted, done by timely word, kindly act of gentle reproof, done not for self-glorification, but to promote the growing of a better professional life, is the food on which the older practitioner may grow to the largest professional life possible to one of his natural ability and environment.

Sixth—Many years since the writer heard a successful practitioner lament that he had few friends among young practitioners. Had he been active in his county society such lament could not have been made, because he would have met these, one by one, as they appeared in the society, and formed many lasting friendships. The mutual interchange of kindly acts would have preserved his elasticity and brightened life's decline.

Seventh—An atmosphere of kindliness, honor and mutual helpfulness is necessary for the best growth of the older practitioner. Such atmosphere can be best created and sustained by a properly conducted county society. In it the older practitioner will grow old less rapidly; in it he will find the stimulus for his best work; the worry of practice will be at a minimum and the joy from good work deftly done, at a maximum.

Thus we have enumerated seven value-factors of the county medical society out of the dozens that might have been listed—all furnishing potent reasons why the older practitioner should be most earnest in promoting his own society. These are:

1. His society will increase his knowledge of the medicine written in books, medical journals or society proceedings.

2. It will broaden his knowledge of his fellow doctors—a most important equipment of every practitioner.

3. It will reveal himself to himself in many ways, so substituting attractive modesty for arrogant conceit.

4. It is a crucible for refining his studies, his observations, his thinking, thus augmenting their practical value.

5. It aids in developing his capacity to teach—his patients, their friends, fellow doctors or the laity. To think logically, write clearly and speak, while standing, convincingly, are absolutely essential to the older practitioner's highest power.

6. It gives him a chance to work for all his fellow practitioners and so attain the largest individual growth—in accord with the Master's dictum: "He that would be the greatest among you, let him be the servant of all."

7. It creates an atmosphere of kindliness, necessary for the older practitioner's richest life.

8. It gives him friendly alliance with youthful exuberance behind and matured judgment before, essential for the rounding out of the most perfect professional career.

Finally the elder practitioner, who would reap the richest harvest from his county medical society, will seek to do something for it, as well as get something from it.

The second paper of the symposium was by Dr. Davis, who believes that the society is of more value to the younger than to the older members, for it is the formative period of the younger worker, and if surrounded by the proper environment, his ideals will be the higher and his development correspondingly great. There are many subjects, not distinctly clinical, which the younger man can develop and present even better than his elders, for he has the time to make the necessary researches. As a training school in the art of writing and speaking, the county society has no equal.

Dr. Kiefer followed in a discussion of the relation of the county society to local affairs, showing its power to mould public opinion, and to educate in favor of general vaccination, improved food and milk supply, the dangers of venereal diseases and of the spread of tuberculosis. The last paper was by Dr. F. B. Tibbals on *"The Value of the County Society to the Profession."* He said that two out of every thousand of our population are physicians, and being generally educated men, they wield a large influence in the community. Besides the duty each owes his fellow men, it is his duty to get himself and family "a fair share of happiness and his just proportion of the emoluments which add to the joy of living and sweeten old age.

How can he best do this? We answer, by associating himself together with his co-workers in the local or county society. The advantages of such association are both mutual and individual. Individually, each man profits by social acquaintance with his fellows and by imparting to and receiving instruction from them, and mutually each individual is a sharer in the com-

mon weal of his profession. An overcrowded profession and low fees affect each individual, the converse being true as well.

What then does the county society do for the profession?

It provides the best means of social acquaintance and mutual instruction for its members, uniting in bonds of fellowship workers in a common cause.

It maintains a standard of excellence which upholds ethics and morals, decries and discourages violation thereof, and thus uplifts the morale of the entire profession.

In the exact ratio of its strength and activity will the county society impress itself upon the community and thus aid the profession, because the profession always benefits by enlightened, intelligent understanding of its aims and objects.

In the demand for pure food, pure drugs, sanitary surroundings and the prevention and restriction of communicable diseases, including those of venereal origin, the profession has taken the lead in creating public sentiment, actuated solely by the disinterested motive of bettering the body politic; and yet the seeming paradox that the profession, in working for the benefit of the laity benefits itself, is nevertheless true.

In demanding a high standard of education as a prerequisite to practice, in opposing quackery, illegal practices and obscene advertising, the profession works directly for the benefit of the laity, but indirectly profits thereby because better educated medical men means a pleasanter, and possibly lessened, competition, while the suppression of the quack and "nasty" advertiser protects the public from fraud and drives them, of necessity, to the honest practitioner. After all, the most important thing which the county society does is to promote harmony, good feeling and *esprit de corps* among the profession, thus protecting the individual against an otherwise unfairly sharp competition. Universal good fellowship means universal application of the golden rule, which does not admit of backbiting, misrepresentation or damaging allegations regarding a competitor, and we are all competitors, for no one of you has ever seen a doctor too busy or too rich to take other patients, but so long as he treats you and me fairly let him have them. There will still be some left.

Through the aid of the county society the doctor who is unfair becomes a marked man, and unless born with the devil in him, reforms rather than end his days labeled "unclean."

Thanks to the good feeling now existing in the profession, the great menace of the doctor, the blackmailing damage suit, is much less threatening that formerly, for with unity and harmony existing, the unkind word of criticism from a brother practitioner which suffers to incite these cases, is wanting. Moreover, when the profession is united, united action in resisting these unfair demands becomes possible.

The regular profession should go a step farther and admit to membership in the county society every legally licensed practitioner *who is decent in his practice.* The day of pathies and sectarianism in medicine is past, and all physicians should be united in bonds of fellowship for the common good.

Of the work of the combined county societies of the United States as carried out by their representative bodies, the state societies and the American Medical Association, it is perhaps hardly my province to speak, yet I cannot forbear to call your attention to the vast amount of good work being done. The adjustment of the insurance examiner's fee, the suppression of the patent and proprietary medicine evil, the regulation of medical schools, the establishment of interstate reciprocity in licensure, and the recent legislation of various states for the limitation of abuses and the betterment of the profession, all speak volumes for the efficacy of the organization of which the county society is the hub of the wheel.—*Jour, of Mich. State Med. Asso.*

THE ALLEGED EPIDEMICITY OF APPENDICITIS.

Theories innumerable and of various degrees of complexity have been adduced to account for the pathogenesis of this disease, and among them the idea that appendicitis was possibly of an infectious origin has become especially prominent. A closer anatomical study of the vermiform appendix has shown that in its structure lymphoid tissues constitute an important element, and this feature, together with its topographical relations, offers a most favorable condition for an invasion by infectious processes. It is quite natural that the development of this idea would soon lead to the thought

that appendicitis might also prove to be epidemic in character, and the adherents of this theory call attention to the fact that during the past fifteen years the disease has become particularly frequent. It has been claimed moreover that the greater frequency of the complaint has been coincident with that of influenza and that both of these conditions could be traced to an increased consumption of meat.

A more reasonable view of this question, according to Chemisse (*La Semaine Medicale* 1906, No. 10), would take cognizance of the fact that perhaps improved methods of diagnosis and a more complete knowledge of the clinical history of the disease during recent years have tended to define many cases as appendicitis which formerly went unrecognized or were called by some other name. This applies particularly to the early diagnosis and undoubtedly in many instances the symptoms of beginning appendicitis were attributed to disturbances in the stomach, intestines, or liver, and the acute cases were formerly commonly designated as peritonitis of unknown origin. This point is well illustrated in the statistics presented by Villaret dealing with the situation in the French army, to which Chemisse calls attention. Here the number of appendicitis cases was found to have increased about 70 per cent. in recent years, but in contrast to this the affections of the liver and the peritoneum, as well as chronic gastric complaints underwent a corresponding decrease. This demonstrates that the increase in the former is only apparent, and other carefully compiled statistics will no doubt bear out this statement. It is evident therefore that the theories dealing with the epidemic nature of the disease do not receive very much support from a study of these figures, and the relation between appendicitis and influenza has likewise never been confirmed by facts. The statistics upon which the latter assertion is based do not comprise an amount of material sufficiently large to exclude the possibility that the connection between the two diseases was anything more than accidental; this lack of evidence invalidates also the claim that the complaint is more prevalent during certain seasons than during others. A natural sequel to the assumption that appendicitis occurs in epidemics is the fact that the disease is apt to be diagnosed as being present without sufficient cause for such a claim. Thus it has been shown that in certain cases of pneumonia the pain may be entirely localized in the right iliac fossa, and during an attack of influenza a similar clinical picture may be due to a neuralgia or a neuritis. Certain forms of intestinal spasm may closely simulate the clinical features of appendicitis and unfortunately continue after the organ has been removed by operation; and the same is true of colitis.—*Medical Record.*

EARLY DIAGNOSIS OF SEVERE APPENDICITIS.

In answer to the question whether we can recognize the severe cases of appendicitis which require immediate operation Krecke presents the following answer: In every case of appendicitis which we are called upon to treat we should differentiate between simple appendicitis and destructive appendicitis. The most positive manifestation of destructive appendicitis is painful abdominal rigidity. This demands immediate operation. When this sign is completely absent and no other manifestations are present which awaken anxiety one can assume that simple appendicitis is present. A pulse-rate increased to 100 or above is a sure indication of destructive appendicitis demanding operation. A low pulse-rate, however, does not necessarily indicate a mild form of appendicitis. Temperature is of no material importance in determining the severity of the attack. The increased frequency of respiration and the presence of costal breathing are always unfavorable symptoms. The presence of one positively unfavorable manifestation is to be considered of more importance than is the occurrence of several favorable ones. A diagnosis of destructive appendicitis having been made, operation should be performed within two hours.—*N. Y. State Med. Jour. from Muench. Med. Wochenschr.*

Primary tumor of the lateral abdominal region in infants and young children is usually a sarcoma of the kidney—*American Journal of Surgery.*

"Egg shell crackle" elicited in palpating a tumor of the cranial bones is diagnostic of sarcoma originating in the diploe.—*American Journal of Surgery.*

The West Virginia Medical Journal.

COMMITTEE ON PUBLICATION.
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Office of Publication: The News.

WHEELING, W. VA., DECEMBER, 1906.

THE JOURNAL will be published for the first year as a bi-monthly—August, October, December, February, April and June. Commencing with July, 1907, we expect to issue a monthly.

Subscription, - - - - - - - - - - - $1.00 per year
Single Copies, - - - - - - - - - - - - - 20 cents

All communications to this Journal must be made to it exclusively. Communications and items of general interest to the profession are invited from all over the State. Notices of deaths, removals from the State, changes of location, etc., are requested.

Our readers are requested to send us marked copies of local newspapers containing matters of interest to members of the medical profession. Name of sender should be given.

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Editorial.

The Committee on Public Policy and Legislation will meet at Parkersburg Dec. 5th. It is important that all the members be present, as matters of great importance to the public and the profession will be considered. We respectfully suggest that the committee should not attempt to accomplish too much at one time. It would seem wise to center on the most important matters requiring legislative action, and spend our efforts on pushing these, allowing the less urgent to go over for future action. The February Journal will be issued ahead of the usual time in order that the committee's report may receive early circulation.

THE FATAL FOURTH OF JULY.

The *American Medical Association Journal* recently contained a comprehensive and statistical article on tetanus and other Fourth of July injuries. In 1903 there were 415 cases of tetanus resulting from our foolish and heathenish custom of making bad-smelling noises on the day that we celebrate as our national birthday. In 1904 there were 105 cases, quite a healthy diminution; in 1905 there were 104 cases; and in 1906 there were 89 cases.

Whether this decrease is due to a lessened mortality in tetanus from the wider use of the serum treatment, or whether fond parents have found out that it is not wise to dispense to their children giant crackers and blank cartridges on the morning of the day we celebrate, at any rate, it is encouraging to find Fourth of July tetanus decreasing.

West Virginia had three deaths from this cause in 1903, none reported in 1904, none in 1905, and two in 1906. But our state does not show up so well in the total of deaths and accidents from Fourth of July celebrating. In 1903 the total of deaths and accidents in West Virginia was nineteen, in 1904 sixteen, in 1905 thirty-four, and in 1906 sixty-four. It is gratifying to know our citizens are so patriotic, but discouraging to find the patriotism so destructive to life, limb and sight. The total number of deaths and injuries in the whole country in 1906 from Fourth of July accidents was 5,466.

The practical lesson to be learned from these figures is that it is the duty of every medical man to impress on his families the great danger to life, limb and eyes from our foolish and prevalent custom of making noises on the Fourth, and to do all in his

power to bring about a more rational wav of celebrating this anniversary.

As the Christmas holidays approach, the anniversary season at which we celebrate the advent of the Christian era of peace on earth and good will to men, let every physician do all in his power, publicly and privately, to abolish our heathenish habit of making big noises and blowing out eyes and sowing a harvest of tetanus and death.

Antitetanic Serum.—Recent experiments and experience seem to prove the great value of injecting antitetanic serum as a prophylactic measure against the disease. Some claim that the curative value of the serum is just as great as that of the antidiphtheretic. Dr. H. S. Scheck, chief dispensary physician of the City Health Department of St. Louis, recently published a brief but instructive paper on the subject. It records 291 cases of toy pistol and other Fourth of July injuries, in which, in addition to laying open the wounds, with thorough cleansing and cauterization with 25 per cent phenol solution and the use of loose wet dressings of 2½ per cent phenol solution, an immunizing dose of 10 c c of antitetanic serum was in each case injected into the abdominal wall, after thorough cleansing of the site of injection, which was afterward closed by collodion gauze. These experiments extend over three years, 1904 to 1906, and in not one of the cases did tetanus develop. In 1903, 56 cases had been treated in exactly the same way, but without the serum, and in 17 of them tetanus occurred. The comparison speaks for itself, and it would seem incumbent on every physician who has to deal with injuries of this kind to use this efficient prophylactic measure. Possibly it may be superfluous in about two-thirds of the cases, but in the other third it will prevent serious disease and probably death. As no one can determine beforehand which one of three cases will develop tetanus and which two will escape, it is manifestly the physician's duty to immunize all three. The powdered serum dusted on the wound seems to be equally efficacious as an immunizing agent with the liquid serum injected subcutaneously. As the powder is easier to preserve and more readily handled its use is to be recommended. But whichever method is chosen it is certainly the duty of all physicians to take this simple precaution against a dangerous and distressing disease. D.

ARMY MOTOR AMBULANCE.

Our readers will be glad to learn that our former member, Dr. Clyde S. Ford, an old Wheeling boy, now an army surgeon, has come to the front by the invention of a motor ambulance that promises to be very successful. From the *Scientific American* we learn that with the sanction of the Secretary of War, "Capt. Clyde S. Ford was directed to make a thorough investigation of the transport problem of the hospital service, a subject to which he had already devoted considerable attention." His recommendations were in favor of motor ambulances as affording the ideal solution of many problems involved, and he was authorized to have an experimental car constructed in accordance with his own ideas. This he did, and with such success in experiments thus far made that probably such vehicles will soon be introduced as a part of the regular equipment at the principal government military posts.

"The tests, to which this ambulance has been subjected," says the Sci.-Am., "were designed to bring out all possible defects, but despite the severity of the tasks imposed, there were no developments that would make necessary radical changes in either design or construction. The automobile has been operated under campaign conditions, over a total of more than 1600 miles. In one test it carried a load of twelve persons a distance of fifteen miles in less than an hour, and on another occasion a speed of nearly forty miles per hour was attained on a smooth road. The motor has more than met the expectations of the army officers in hill-climbing capabilities, and has demonstrated an ability to travel over ploughed ground at a speed of six miles per hour."

We take the liberty of conveying to our old friend the congratulations of his native

city and state. "You can't keep a good man down."—J.

WHEELING MORTALITY.

From the last quarterly mortuary report of Health Officer Birney we glean the following: Total deaths in July 46, August 66, September 60. Seven from typhoid fever during the quarter, four of non-residents, leaving but three of Wheeling origin, certainly not a high typhoid mortality for a city of 45,000 which has had a reputation as a typhoid-breeding place. During the quarter there were no deaths from scarlatina out of 56 cases reported, which indicates a mild type of disease or very skillful treatment. Of 26 diphtheria cases reported there were but three deaths, less than 12 per cent. There were eight cancer deaths, 15 cardiac deaths, 16 pulmonary deaths exclusive of 26 from tuberculosis of lungs. We note five deaths from "acute nephritis," three from "convulsions" and eight from "inanition and marasmus," terms that leave us to guess at the true causes. The former we surmise can be traced to scarlatina, and the latter to gastro-intestinal diseases. The primary diseases should always be given in the death certificate, otherwise no intelligible meaning is conveyed. The immediate cause of death should also be given.—J.

The German nation took a summer holiday from its usual seriousness and voted on the question, who are the twelve greatest living men in the Fatherland. The doctors fared better than in our own dear country, for Drs. Koch and von Behring were decided to be two of the distinguished twelve. How many American physicians have broken into our unfilled Hall of Fame? Even our immortal dead seem to stand little show. It was ever thus. "Undank ist der Welt Lohn."

On Oct. 10th, in his shanty near Pickens, George Maroun Rashid suddenly died from heart disease. No man ever so quickly achieved a national if not international fame. In fact fame was "thrust upon him." *Requiescat in pace!*

Kind Words

Repressing our well-known modesty, we print a few more of the many flattering words received, in order to convince the "doubting Thomases"—and the writer himself was one in June—that our association made no mistake in resolving to publish its own Journal.

WEST VIRGINIA MEDICAL JOURNAL.

The Secretary of the Arkansas Medical Journal is very much pleased to acknowledge the receipt of the August issue of this, another member of the State Society Journals. It is neatly printed and well gotten up. Judging from appearances, the profession of West Virginia will have no cause to regret the step which they have taken, if the present pace is maintained.—Jour. Arkansas Med. Society.

We welcome to our desk the first issue of the West Virginia Medical Journal. This publication is the official organ of the West Virginia State Medical Association, and the editor is to be congratulated upon the excellence of the first issue.—Jour. New Mexico Med. Asso.

We are in receipt of the first number of the West Virginia Medical Journal, which is published bi-monthly by the State Medical Association. Dr. S. L. Jepson, of Wheeling, is the Chairman of the Committee on Publication and evidently ex-officio editor. The issue is decidedly creditable, and we are glad to welcome the new-comer in the field of state association medical journalism. We exchange with pronounced pleasure.—Jour. S. C. Med. Asso.

We welcome into the fold of medical journals owned by the state societies, the West Virginia Medical Journal, which has just made its bow. It is published by the state society. The first number is in magazine form and contains 50 pages of interesting reading matter. It is well edited and neatly printed and bespeaks great things for the future. Prosit!—Jour. Mich. State Med. Soc.

No. 1, Vol. 1, of The West Virginia Medical Journal, published by the West Virginia State Medical Association, made its appearance in August. It is clean and wholesome and will, without doubt, be a credit to the State Association. It does not, and announces that it will not, carry any but clean advertisements.

We desire to congratulate our neighbors upon this splendid start, and to assure the members of the West Virginia State Medical Association that they will never regret the new departure.

State journals have certainly come to stay, new ones are appearing each year, and every one thus far has been successful. We predict

that the day is not far distant when these state association organs will be the greatest power for the good of the medical profession.—Ohio State Med. Jour.

The second number of The W. Va. Medical Journal, dated October, lies before us. It is to be published bi-monthly by the West Virginia State Medical Association. It contains, besides the usual association news, a great deal of very interesting material, material indeed of a very high average character.—St. Louis Med. Review.

It is indeed a pleasant task to record the birth of another child to the family of state journals. Slowly but surely the family is getting larger, and as the years pass, it is getting more than proportionately stronger. The newest member is The West Virginia Medical Journal, owned and published by the West Virginia State Medical Association. The first number bears date of August, and from it we learn that the journal is to be issued bi-monthly, at least for the first year. It is under the editorial charge of Dr. S. L. Jepson, of Wheeling, and the appearance of the first number is indeed highly creditable. It is well gotten up, well printed, brightly edited, and its advertising pages are clean. We most sincerely wish The West Virginia Medical Journal every possible success aud every good wish. We would make but one suggestion—and this will apply to all state organizations publishing journals which have not yet adopted the plan: Combine the office of Secretary of the state organization and editor of the journal in the same individual. This has been done in a few of the states and we feel quite sure that the editors in the states where it is not the case will agree with those where it is the custom, that much time and bother are saved by the simple combination. The arrangement centralizes the work of the society, lessens the amount of red tape, and helps every member of the society—for he knows that all his communications and queries go to one place.—California State Journal of Medicine.

I found a copy of the Journal awaiting me on my return from Boston, and was surprised to see that you had been able to get the first issue out in such good style in every particular. The size, arrangement, etc., it seems to me, fit the diagnosis as to our needs admirably. The only fear I have is that it is going to tax you too severely to keep the pace of high-grade articles and editorial you have set yourself.—J. W. Preston, Keystone.

You don't know how glad I was to see the first number of our new Journal. I congratulate you now on its success, for I know it will be a success. In many places is evidenced the influence of the * * "Old Guard" * * The Journal is very interesting, and well gotten up, and I know of nothing better calculated to aid in the organization of the state.—H. G. Nicholson, Charleston.

The "Elkinsites" are very proud of our new Journal, and no less proud of our publishing committee; and personally I congratulate you on the good treat you gave us. I know it cost you many busy hours, but you would feel repaid if you really knew how proud we all are of your work, and how we fairly devoured every line in the Journal.—H. K. Owens, Elkins.

I received No. 1, Vol. 1, of The West Virginia Medical Journal yesterday, and am well pleased with it. I congratulate you, and the other members of the publishing committee, on being able to present so excellent a journal upon such short notice, and hope the youngster will escape all of the many forms of death that lie in wait for all infants, and grow to a sturdy manhood.—Horace J. Brown, Red Jacket, (now Ironton, Ohio).

I am in receipt of the first copy of the new Medical Journal. I want to congratulate you on its stylish appearance. The general make-up is quite fine, I think—J. E. Cannaday, Hansford.

The Journal is a credit to the profession and especially to the able committee on publication. I congratulate you and your co-workers.—R. H. Edmundson, Morgantown.

I want to tell you that I, with the balance of the profession in this section, are highly pleased with the Journal. It is just what we have needed all these years, and I want to say further, that the right men are at the head of it.—C. O. Henry Fairmont.

Allow me to congratulate you on the very efficient manner in which the work on the first number of our Journal was done, and I feel sure of success with such able management.—W. F. Wright, Burlington.

I have read the Journal and like it very much, and I am sure that we shall not have to take a back seat on being compared with any other State Association Journal.—A. S. Grimm, St. Marys.

Sincere compliments are appreciated by all, and stimulate to further efforts to please. Something even pleasanter is the co-operation of all the societies in the state to make the Journal what it ought to be. The secretaries, instead of mailing us a printed program, should carefully write up and send us the transactions of a meeting occasionally. Not all meetings are especially interesting, but certainly every society has one or two each year that are worthy of printing. Let us hear from you.—*Editors.*

Correspondence.

Post-Graduate Notes From Chicago.

Editor W. Va. Medical Journal:

In accordance with your request I shall give you a few notes from a vacation trip to Chicago. I arrived in that city Aug. 27th and remained three weeks. I went for surgical points and technic exclusively and took no purely medical work whatever. In that line I witnesed ninety-one operations besides a number of diagnosis cases. The operations covered almost the entire range of surgery, somewhat more than one-third of them being abdominal.

The greatest number, about one-third, were performed by Dr. J. B. Murphy, the next largest number by Dr. A. J. Ochsner, the balance distributed among about twenty different operators.

I am pretty well acquainted with medical Chicago, having spent two years there in '99, '00 and '01. I was also there for a month last year, so I would probably not see as many novel noticeable things as one who was there for the first time.

The hospitals of Chicago, like those of most large cities, are widely separated, and the stranger needs some one to "steer him" a bit or he will lose much time.

Unless one wants to do some highly specialized work or some sort of laboratory work, I think it is best not to register at one of the post-graduate schools but to visit the various hospitals and operators whose work he wants to see. I think all the hospitals and operators cordially welcome any physician who is honestly and intelligently interested in the work and is not simply drifting around out of idle curiosity. I put in my time at Mercy, Augustana, Presbyterian and Cook county hospitals, with an occasional visit to St. Mary's and Michael Reese. Dr. Murphy operates at Mercy on Wednesdays and Saturdays, at the Presbyterian (Rush clinic) on Tuesdays and Fridays; Dr. Ochsner at Augustana on Mondays, Wednesdays and Fridays. This is all forenoon work. In the afternoon one can get a good variety of work and a variety of operators at Cook County Hospital. The work of Dr. Murphy at Mercy hospital and the Rush Clinics is probably the best. At both places accommodations and facilities for observation are provided for visiting physicians. Each case is a clinic, the history, including physical and laboratory findings and diagnosis is read before the operation. Dr. Murphy gives a very practical lecture on the pathology and diagnostic points in each case. He is a very fine operator and as a teacher certainly has no superior. Dr. Ochsner does a large amount of work at Augustana hospital, but the accommodation for visitors is not so good. The history is not read and Dr. Ochsner gives no talk on the cases. One simply sees technic which, of course, is magnificent. But one gets the impression that the cases are not so carefully worked out, and sometimes there might be a difference of opinion as to the necessity for operation. Dr. Ochsner is frequently quoted as an advocate of conservatism in the treatment of appendcitis, but I think that more appendices are removed at Augustana than at any other hospital in the city, and to the onlooker many of them look normal.

At Cook County hospital one sees a variety of operators, of varying ability. Among the better known are Schroder, Eisendrath, Andrews and Allport.

As an anaesthetic ether is used almost exclusively. I think I did not see chloroform used once this year. Many operators start the anaesthetic with nitrous oxide. I saw no spinal anaesthesia, nor the scopolamine-morphine method.

Abdominal incisions are closed by tier suturing, catgut for peritoneum and fascia, horsehair for skin. Dr. Murphy used a few figure-of-eight silkworm gut sutures that include skin and fascia. Dr. Ochsner includes skin and fascia in usually four silkworm gut sutures. Catgut is used for all intra-abdominal work except in stomach and intestinal work, where Pagenstecher linen is largely used.

So far as I saw, there is no medical treatment for appendicitis in Chicago. All cases are treated by immediate operation. Hernia is usually treated by the Bassini method. A modification that is used some is the Andrews imbrication method. In this the internal oblique and inner leaf of cut external oblique are united to shelving portion of Poupart's ligament. The external portion of the external oblique overlaps and is united to the surface of internal portion, the cord lying between the two layers. As

to suture material, some operators use catgut, others kangaroo tendon for muscles and fascia, and horsehair for skin. A few use three bronze wires, which are withdrawn in about fourteen days.

One noticeable development in the past five years is along the line of stomach surgery. Of course, careful diagnosticians have realized for some time that chronic gastritis, gastric catarrh, gastralgia, and neuralgia of the stomach are really gallstone cases or ulcer of the stomach. Five years ago these cases were treated usually by the internal medicine men. Now they are referred to the surgeon. The cases of ulcer, stenosis of the pylorus and dilatation are treated and cured by gastro-enterostomy. The posterior operation, with the short intestinal loop, is the one used. Dr. Murphy uses the button, not the round one usually seen on the market, but an oblong button. Last year I saw Dr. Ochsner use the McGraw ligature, this year the Moynihan clamps.

One picks up little points of technic or a new instrument occasionally if he sees other men work, whether it is men widely known or men known only in their own communities. I got a couple of entirely new things from Dr. Murphy's clinic. One is the treatment of enuresis. Dr. Murphy treats it by the injection of a weak solution of cocaine in normal salt solution in the lower part of the spinal canal at the sacro-coccygeal junction.

Another point is his treatment of synovitis (acute) and empyema. Both are treated by aspiration and the injection of a 2 per cent solution of formaldehyde in glycerine. The aspirations and injections are continued until a cure is brought about.

In all the hospitals visited the nurses and assistants wear rubber gloves, as do operators, except Drs. Murphy and Ochsner, and in most places operators and assistants wear gauze masks. Except at Cook County Hospital, patients are prepared outside before the anaesthetic is administered, and there is no "slopping around" preparing patients in the operating room. The Fowler position is pretty generally used in abdominal pus cases, and I think always in drainage or infected cases.

Yours fraternally,

O. F. COVERT, M. D.

Moundsville, W. Va.

NEW STATE ASSOCIATIONS.

The State Nurses' Association.

The Graduate Nurses' Association of West Virginia met in Charleston Oct. 9th and 10th. The association now numbers nearly 100 members. The officers are as follows: President, Mrs. Harriet C. Lounsbury; Vice Presidents, Miss Mary Gaull, C. & O. hospital, Huntington; Miss Crocker, Bluefield Sanatorium; Miss Bell, No. 227, Twenty-ninth street, Wheeling; Miss Milliken, Hartigan hospital, Morgantown; Miss Rae Dessell, Salem; Miss McKay, Sheltering Arms hospital, Hansford; Miss Simmons, Fayetteville. Secretary, Miss Margaret Joachim, Charleston; treasurer, Miss Margaret Miller, Charleston.

The association is trying to have the legislature pass a bill regulating the modern profession of nursing, and have prepared an act to be presented to the next meeting of that body. We hope that you can find space for the publication of this outline of the proposed act.

Sec. 1 provides that the governor shall appoint a board of five examiners from twelve names presented to him by the Nurses' Association. None shall have practiced a shorter time than five years. Provision is made for the filling of vacancies.

Sec. 2 provides that this Board of Examiners shall organize by electing a president and a secretary-treasurer. Three members shall constitute a quorum. The Board may frame laws needed for its own government. A registry of nurses is to be kept by the secretary, whose salary is to be $100 per annum and necessary expenses. Other members to receive $4 per diem while actually engaged in service. Salaries to come from the receipts of the Board.

Sec. 3 provides that after January 1, 1908, the Board shall hold annual meetings for the examination of all applicants for registration as nurses, each of whom shall pay a fee of $5.

Sec. 4 provides that each applicant shall be not under 23 years of age, of good moral character, and must have received the equivalent of a high school education and must have graduated from a training school connected with a general hospital where two years of continuous residence

training with a systematic course of instruction is given.

Sec. 5 provides that all nurses graduating before January 1, 1908, with the above qualifications, shall register without examination upon payment of the fee. All other nurses in practice for five years shall be registered upon passing an examination, if application be made prior to January 1, 1908. No one, after this date, shall practice as a "registered nurse" unless entitled to this name under the provisions of this act.

Sec. 6. "That this act shall not be construed to affect or apply to the gratuitous nursing of the sick by friends or members of the family; nor to any person nursing the sick for hire, but who does not in any way assume to be a registered nurse.

Sec. 7 provides for a fine of "not more than $500" for a violation of any of the provisions of this act.

Sec. 8 permits the State Board of Examiners to revoke any certificate for sufficient cause. L. E. N.

The trained nurse is certainly a great helper to the physician, and a great blessing to every community. The better education she has, the less apt is she to say or do the many things that tend to disturb the peace of families and communities, and the physician's calmness of mind. Therefore we feel like encouraging any movement whose purpose is to elevate the standard of the profession of nursing, and make the coming trained nurse the educated, refined, discreet and honorable woman who can be safely and gladly received into the homes of our best people.—Editor.

West Virginia Hospital Association.

Editor W. Va. Medical Journal:

The first annual session of this association convened in Parkersburg Sept. 28th.

This organization is a new one. At the adjournment of the State Medical Association in Webster last June twelve members of the Association who are interested in hospitals met and formed what is known as the West Virginia Hospital Association. At that meeting the president, secretary and treasurer and a committee were appointed to draft a constitution and by-laws for the government of the association. This was done, and the president and the chairman of the committee decided on Parkersburg as the next meeting place.

Eleven out of the twelve members were present. Wheeling was the only city of any size in the state which was not represented.

The meeting was called to order promptly at 2:30 o'clock in the parlors of the Chancellor, President, Dr. S. M. Mason, of Kessler Hospital, Clarksburg, presiding. Secretary J. E. Rader, of Huntington, was at the desk. The new constitution and by-laws were adopted after several small amendments had been made.

The object of the West Virginia Hospital Association is to bring together hospital staffs from all over the state, to read and discuss papers of interest to them, to regulate and maintain training schools and to show the people of the state that they can get equally as good treatment for any complaint in the state of West Virginia as elsewhere.

The latter purpose is one that will be looked after at all times, as the physicians of the state are determined to make the people understand sooner or later that the habit of going elsewhere for treatment is usually without cause. The physicians of course realize that some ailments are sufficiently serious to consult outsiders, but it is the general run of ailments they refer to. The perfecting of the new organization will be a great gain in this point, and if the interest continues as great as at present they will have no difficulty.

The second annual meeting of the Association to be held in Huntington promises to be a large and well attended event. By that time other members will have been enrolled. A program has already been arranged. Dr. J. R. Cook, of Fairmont, will read a paper on "Hospitals."

Dr. W. S. Link, of Parkersburg, will read a paper on "Importance of Trained Nurses."

Dr. U. W. Showalter, of Clarksburg, will read a paper on "Needed Legislation for Hospitals." This paper is expected to be of more than ordinary interest. After deciding on these arrangements, the meeting adjourned.

The following are the names of the physicians in atendance and of the hospitals they represent.

Dr. J. R. Cook, Cook Hospital, Fairmont.

Dr. S. M. Mason, Kessler Hospital, Clarksburg.

Dr. J. E. Rader, Kessler Hospital, Huntington.

Dr. R. H. Powell, City Hospital, Grafton.

Dr. W. S. Link, Jackson Heights Sanitarium, Parkersburg.

Dr. H. B. Stout, St. Joseph's Hospital, Parkersburg.

Dr. J. D. Schmied, Schmied Hospital, New Martinsville.

Dr. E. W. Guilford, Marlington Hospital, Marlington.

Dr. R. T. Davis, General Hospital, Charleston.

Dr. U. W. Showalter, Showalter Hospital, Clarksburg.

Dr. W. D. Row, representing City Hospital Parkersburg.

Note.—Dr. L. D. Wilson of the medical staff of the City Hospital, Wheeling, intended to be present at the above meeting, but was, at the last hour, prevented by urgent professional business.—Editor.

State Pharmaceutical Association.

The permanent organization of the West Virginia State Pharmaceutical Association was effected at Parkersburg, W. Va., October 16, 1906, the constitution and by-laws adopted, and the following officers elected:

President—Alfred Walker, of Sutton.

Vice President—E. Bruce Dawson, of Wheeling.

Secretary—Arch Kreig, of Charleston.

Treasurer—W. S. Vinson, of Huntington.

The Board of Council which was named includes the above officers, in addition to whom are: F. P. Landon, of Keystone, three years; E. P. Brown, Parkersburg, two years; G. O. Brown, Buckhannon, one year.

Resolutions were adopted condemning the druggists who make a practice of the illegitimate and improper sale of narcotics and habit-forming drugs, recommending legislation to stop it; against the use of a license to practice pharmacy for liquor selling; recommending the pure food and drug law to the members of the association; approving the serial numbering and direct contract plan for the sale of proprietary medicines; approving the efforts of the American Pharmaceutical Association and the National Association of Retail Druggists to better trade conditions; recommending legislation to provide separate licenses for those qualified to act as assistants and those qualified to manage drug stores; protesting against special taxes; unjust impositions; favoring closer fraternal relations; and thanking the press and State Board of Trade, and to hold the next convention next summer in Wheeling.

We give in full the resolution that is of greatest interest to physicians:—

"We recommend that druggists everywhere encourage the greater use by physicians of the standard medical preparations of the United States Pharmacopoeia and National Formulary, instead of the so-called proprietaries of unknown composition and doubtful value."

C. A. W.

University of Pennsylvania Alumni.

On October 28th a meeting of the alumni of the University of Pennsylvania residing in the panhandle counties of West Virginia and the adjoining counties of Ohio was held in Wheeling, and an organization, styled the West Virginia Society of Alumni of the University of Pennsylvania, was formed. Nineteen enrolled as members. The objects of the organization are 'to foster closer association and warmer fraternal interest among the alumni, and to promote by all proper means the interests of our Alma Mater. Dr. L. D. Wilson was chosen president; Mr. W. E. Krupp, vice president, and Mr. H. Sonneborn, secretary-treasurer.

A meeting and smoker is planned for the month of January, the date to be announced later. The Combined Musical Clubs of the University of Pennsylvania will give an entertainment in the Court Theatre, Wheeling, on the evening of January 7th, 1907. All former students of the U. of P. in any of its departments, residing in West Virginia and eastern Ohio, are cordially invited to send their application for membership to the secretary-treasurer, Mr. H. Sonneborn, at Wheeling.

Society Proceedings

Barbour-Randolph-Tucker County Medical Society.

The Barbour-Randolph-Tucker County Medical Society meets the first week in January, April, July and October. The October meeting was held in Philippi October 3rd.

Meeting was called to order at 7:15 by Dr. Williams, vice president. Mayor Holsberry made a few remarks, among others informing us that he had directed the police to assist us to our hotels in case we needed help before morning. Dr. A. S. Bosworth replied in behalf of the society. Dr. Bosworth was once admitted to the bar, so it is unnecessary to say that his remarks were flowery and elegant.

First on the program was Dr. Daniels' paper entitled: "Duties of a Health Officer and Proper Methods of Disinfection." Dr. Daniels, having been health officer of Randolph county for many years, was in a good position to speak with authority.

As the papers read will probably all appear in the Journal, I will not comment on them.

All present seemed to realize that the matter of public health was one of vital importance, one physician going so far as to say that whenever the second case of typhoid occurred in the house the doctor was always to blame.

Dr. Harris was to read a paper on "Gall Stones," but was prevented by the illness of his wife. The subject, however, was discussed by nearly all present. Prevailing opinion seemed to be that the preparations of sodium would aid in preventing attacks of gall-stone colic, but would not cure the trouble.

Dr. McBee read a paper entitled "Notes on Thirty-two Consecutive Cases of Typhoid

Fever." Typhoid fever has always seemed to appeal to our members more strongly than most any other subject. I think every member took part in the discussion of this paper. The subjects discussed most were prevention and feeding. A number of the members present seemed to think that infected water had very little to do with the spread of typhoid, but that flies, and perhaps other insects, were the carriers. A goodly number, however, stood up for the theory of propagation by water. One member related the following: "When I came to my present location, some eight years ago, I found typhoid present. It was present every year for several years. At this time the drinking water was gotten from wells and springs. Recently a public water supply has been installed, gotten from a mountain stream on whose banks no one lives. So far this year not one case, last year only one and that one was imported." Dr. Daniels inquired if there had been any change in the sanitary arrangements. Reply was that no change had been made, conditions same as before. Feeding brought out the lengthiest discussion. At times it waxed warm between the liberal diet adherents and the old-style advocates. Dr. Rodgers lead the liberal-diet group. He believes in feeding the patient without any reference to the fact that he has typhoid, give him anything he wants and can digest. This plan has in the last year gained a considerable number of adherents in our society. The opposite plan has so far the majority, however.

The applications for membership of Dr. Miller of Thomas, Dr. Robertson of Coalton, Dr. Bryan of Nicklow, Dr. Harvey Miller of Elkins, Dr. C. A. Willis of Jenningston, Dr. Gribble of Beverly and Dr. A. D. McChen of Meridan were presented. Dr. Talbott's of Elkins reached me a little too late for presentation. At this meeting Dr. O. L. Perry, of Elkins, was elected president; Dr. Kerr, of Volga, first vice president; Dr. Irvin Hardy, of Davis, second vice president; Drs. Ravenscroft, Irons and Stump, censors, and Dr. A. P. Butt, of Albert, secretary and treasurer. Elkins was selected as the next place of meeting.

After the meeting, which lasted until after midnight, came the smoker. This kept us until 3 o'clock, and was much enjoyed by all. The following members were present: Drs. Williams, Irons, Perry, Moore, Golden, Daniels, Rodgers, Bosworth (J. W.), Bosworth (A. S.), Kerr, McBee, Holsberry, Walker, Hoff, Stump, Murphy and Butt.

Dr. J. W. Bosworth, our president in 1905, and perhaps our oldest member, was with us from start to finish, and seemed to enjoy himself very much indeed.

Our society has now over 83 per cent. of the eligible physicians of the district enrolled with us. We have three members whose names do not appear in the Journal list, viz.: Drs. W. A. Campbell of Davis, C. L. Rohrbaugh of Belington and Everett Walker of Philippi

The following resolutions, introduced by Dr. Butt, after a full discussion, were adopted:

Whereas, The growth and development of the organized profession in the past five years have made possible certain lines of activity heretofore out of the question; and,

Whereas, The work undertaken by the various county and state associations, as well as the American Medical Association, is in the interest of the public health and well-being; and,

Whereas, Certain journals owned by private interests and conducted for personal profit have seen fit to attack and criticise the officials and journals of the organized profession for the work which is being carried on; therefore, be it

Resolved: That we, the members of the County Medical Society of Barbour, Randolph and Tucker counties, do hereby express our approval and commendation of the position taken by the Journal of the American Medical Association regarding the advertising and sale of nostrums.

Resolved: That we hereby express or condemnation of the position taken by the Medical Record, New York Medical Journal, Philadelphia Medical Journal, and others in attempting to discredit the work of the American Medical Association by unwarranted and unjustifiable criticism:

Resolved: That we hereby express our unqualified approval of the work of the American Medical Association, of the Board of Trustees, and the officers of the association and our confidence in them, and that we especially approve of and endorse the business foresight shown by the Board of Trustees in accumulating a surplus for financial emergencies and future expansion.

Resolved: That we hereby express our approval of the work of the Council on Pharmacy and Chemistry, and urge that it continue its investigation into proprietary and secret preparations, in order that the profession may be enlightened and the public benefited by the results of their labor.

Resolved: That we express the hope that the American Medical Association will soon be in position to publish a large part of the medical books used by physicians.

Resolved: That a copy of these resolutions be sent to the Journal of the West Virginia State Medical Association and to the Journal of the American Medical Association.

Resolved: That we, the members of the Barbour-Randolph-Tucker Medical Society, hereby express our unqualified disapproval and condemnation of the action of certain medical colleges in advertising for students in other than medical journals.

Resolved: That we, the members of the Barbour-Randolph-Tucker Medical Society hereby express our disapproval of the action of certain manufacturing pharmacists who have placed the facilities of their plants at the disposal of quacks and vendors of nostrums.

A. P. BUTT, Secretary.

Albert, W. Va.

Brooke County.

The Brooke County Medical Society was organized on Tuesday, October 30th, 1906, at Wellsburg, W. Va. At the meeting, held in

the City Hall, at 2 P. M., all but three physicians of the county were represented and joined the association. Dr. C. A. Wingerter, of Wheeling, ex-councilor of the state association, was present as organizer, and was accompanied by Dr. A. J. Noome, of the same place. A thorough organization was perfected, constitution and by-laws adopted, and the following officers elected:

President, Dr. J. B. Walkinshaw; Vice President, Dr. B. F. Harden; Secretary, Dr. C. R. Weirick; Treasurer, Dr. J. P. Johnson, all of Wellsburg.

Board of Censors—Dr. Gist Palmer, Wellsburg; Dr. J. L. Pyle, Follansbee; Dr. W. T. Booher, Bethany.

The society will hold regular meetings twice in each month.

A second meeting was held at Wellsburg on Tuesday, November 6th, with fifteen physicians present, at which Dr. H. P. Linsz, councilor of the state association, explained in detail the laws of the state association governing the county societies; the benefits to be derived from being a member of a county society, and suggested plans whereby the society could be maintained in a flourishing condition.

Dr. J. B. Walkinshaw thanked the society for the honor bestowed on him by electing him president. He said that he was very thankful that the Brooke County Medical Society had been organized, and hoped each member would do his utmost to further the interests of the society by attending the meetings and contributing a paper or some interesting clinical case now and then. He laid particular stress on the duties of the Committee on Public Health and Legislation, and urged it to look carefully into any of the affairs of the county which needed regulating, tending to improve the public health.

A committee was appointed to draft a uniform fee bill for the county. The next meeting of the society will be held November 20, 1906. The program will include a "Symposium on Lobar Pneumonia.

The following are the members of the society: Dr. B. F. Harden, J. B. Walkinshaw, J. P. Johnson, T. H. Weirick, C. R. Weirick, M. W. Glass, Gist Palmer, H. L. Judge and Jos. Palmer, of Wellsburg; Leo Huth, J. L. Pyle and ——— Engel, of Follansbee; Robt. E. Jones and W. T. Booher, of Bethany, and ——— Wilson, of Colliers.

Fayette County Medical Society.

The Fayette County Medical Society met in Montgomery, Friday, October 19th, 1906, at 1 o'clock P. M. The following was the program:

Wounds of the Liver, Dr. J. E. Cannaday; Scarlet Fever, Dr. G. D. Lind; Clinical Report, Dr. D. Y. Willis; Voluntary Talks on Needs of Our Profession.

The following letter was sent to the physicians of the county who are eligible to membership:

Dear Doctor:—

Feeling the need of more united action on the part of the medical profession in this county, we are desirous of numbering every legally qualified and reputable physician in this county as a member of the Fayette County Medical Society.

Our county, being one of the richest and most prosperous in the state, we want to, and can, with your co-operation, make the Fayette County Medical Society the banner county society in the State of West Virginia. If you are not a member, join now. If you are delinquent, renew your dues at once. You cannot afford to be out of the fold. Membership in the County Society is essential to membership in the State and National Associations. County dues, $1.00; state, $2.00, annually.

Apply to the secretary.

DR. W. W. HUME, President,
Quinnimont, W. Va.
DR. J. W. HOPKINS, Treasurer,
Fayetteville, W. Va.
DR. C. F. MAHOOD, Secretary,
Oak Hill, W. Va.

Hancock County.

At a meeting of the medical profession of Hancock county, at Chester, W. Va., the Hancock County Medical Society was organized amid a great deal of enthusiasm. The meeting was presided over by Dr. Henri P. Linsz, councilor for the state association, who said:

"It affords me the greatest amount of pleasure, gentlemen, to be able to have the opportunity of meeting with you this evening. As councilor for the West Virginia State Association, I bid you a hearty welcome, and sincerely wish you a very prosperous future. The personnel of this society is in itself sufficient evidence of the amount of benefit, morally, mentally, socially and educationally, to be derived by each member who attends its meetings. I trust each member will consider himself a committee of one to further the interests of this society, to consider its meetings a postgraduate course, and come here prepared, not only to enumerate his achievements and wonderful cures and successes, but also to unload his mind and heart, and tell of his mistakes and faults as well, so that he may not only feel relieved and be enlightened, but that the other members may benefit by his experience."

Dr. Linsz dwelt at length on the laws of the state association governing the county societies, also the benefits to be derived by the general public, as well as the physicians, from organization.

Physicians present: Drs. George E. Lewis, W. S. P. Donahoo, Geo. H. Benton, Chas. R. Campbell and Geo. H. Davis, Chester; R. S. Donahoo, Fairview; F. P. Beaumont, J. W. Spillman and A. M. Anderson, New Cumberland, and J. F. Purviance, Holliday's Cove.

All were very enthusiastic for the future prospects of the new Hancock county organization, and the affairs of the county were generously discussed. Plans for the future of the society were discussed very extensively, and nothing will be spared to make the meetings of unusual interest to its members and the general public. A uniform fee bill is to be adopted by the county society, and a committee was appointed to draft one.

This society enjoys the distinction of having

every practitioner of medicine in the county enrolled as a charter member.

The following officers were elcted:

President, Dr. R. S. Donahoo, Fairview; Vice President, Dr. George E. Lewis, Chester; Secretary, Dr. F. P. Beaumont, New Cumberland; Treasurer, Dr. W. S. P. Donahoo, Chester.

Ohio County.

The first autumn meeting of the Ohio County Medical Society was held Friday evening, Oct. 12, a large number of members being in attendance. The following officers were elected: President, Dr. Henri P. Linsz; Vice President, Dr. A. J. Noome; Secretary, Dr. J. R. Caldwell; Treasurer, Dr. R. J. Reed. Board of Censors: Dr. S. L. Jepson, L. D. Wilson, H. B. Baguley. At the second meeting, on October 26th, a still larger number turned out. President Linsz delivered his presidential address, after which Dr. Schwinn presented a clinical case, being a man with a large chancre on the left cheek, contracted in a fight from the finger-nail scratch of his antagonist. A secondary roseola was present, which made its appearance six weeks after the face injury was received. This case gave rise to a discussion on syphlis of the innocent (Syphilis Insontium), at least a dozen cases being reported, indicating that the innocent victims of this dread disease are by no means uncommon. Dr. Ackerman read an excellent and carefully-prepared paper on Chronic Uterine Hemorrhage, which led to a full discussion of the subject presented. We shall publish the paper in a future number of the Journal. Adjourned at 11 p. m.

Grant-Hampshire-Hardy-Mineral Medical Society met at Moorefield, W. Va., Thursday, October 25, 1906, 2 P. M. The following was the program: Presentation and Report of Cases. Papers: "Typhoid Fever," Dr. R. W. Love, Moorefield, W. Va.; (Subject Not Received), Dr. J. W. Judy, Petersburg, W. Va. Report of Committees and Board of Censors. Miscellaneous Business. Dr. Percival Lantz, Secretary, Alaska, W. Va.

Harrison County Medical Society met at St. Mary's Hospital,, Tuesday, October 2, 8. P. M. Program: Presentation and Report of Cases. Papers: "Fees for Insurance Examinations," Dr. Fleming Howell; "Hydatidiform Mole—Report of Case," Dr. E. A. Hill. Report of Committees and Board of Censors. Miscellaneous Business. H. E. Sloan, Secretary.

Kanawha Medical Society met in Dr. Churchman's office, Tuesday, October 2, 8:15 P. M. program: Paper, "Examination of Blood and Its Uses in Physical Diagnosis," Dr. J. W. Moore. Discussion opened by Dr. W. A. McMillan. Clinical Report, "Effect of X-Ray Treatment on Skin Diseases.," Dr. T. L. Barber.

October 16—Program: Paper, "Diphtheria," Dr. W. R. Hughey. Discussion opened by Dr. P. A. Haley. Clinical Report, "Tetanus, with Recovery," Dr. C. E. Copeland. Discussion. Voluntary Papers: Discussion. Voluntary Clinical Reports: Discussion.

Marshall-Wetzel Bi-County Medical Society met Monday, October 1, 1906, at 3 P. M., in the Court House in Moundsville. Program: Report of Delegates to State Association, Dr. J. J. Duffey; Notes from a Vacation Trip to New York, Dr. R. W. Hall; Notes from a Vacation Trip to Chicago, Dr. L. S. Hennen; Notes from a Vacation Trip to Chicago, Dr. O. F. Covert. O. F. Covert, Secretary.

Note—We are glad to print the programs that appear above, because they indicate that something is doing among the brethren. But we opine that our readers would occasionally enjoy reading an account of what you have said and done. Harrison county, which has the banner society of the state, should awaken and set the pace.—Editor.

State News

Barbour County.

Dr. F. S. Holsberry has removed from Meadowville to Copin, Braxton county, and has charge of the mining practice there and at Bomer.

Berkeley County.

Dr. G. W. Swimley, of Bunker Hill, and Dr. S. N. Myers, of Martinsburg, have been elected to membership in the Berkeley County Medical Society, and thus become members of our State Medical Association, of which Dr. Myers was an honored member for years.

Cabell County.

Dr. J. M. Lovett has removed from Rock Cave, Upshur county, to Huntington, and is located at 518 Tenth street.

Dr. Oscar A. Kent, of Huntington, is in New York, where he will remain for three months, taking a post-graduate course.

Dr. C. D. Rawson has recently located in Huntington, having formed a partnership with Dr. R. E. Vickers.

At the October meeting of the Cabell County Medical Society, Dr. T. W. Moore resigned as secretary, feeling that the secretary's offices of the state and local societies could be filled to better advantage by different men. Dr. James R. Bloss, of the West Virginia Asylum, was elected in his stead.

The following are the new members of Cabell County Medical Society: Dr. J. O. Hicks, Central City; Dr. J. M. Lovett and Dr. Robt. Evan Vickers, Huntington.

Five applications for membership were received.

Fayette County.

Dr. Paul W. Howle, of Mt. Carbon, will leave for New York the first of November, where he will take a post-graduate course.

Dr. Gilman R. Davis, formerly of Ansted, W. Va., and Dr. Harry S. Reger, formerly of Ohio, are both located at Macdonald, W. Va.,

where they are assistants of Dr. H. L. Kirkpatrick.

Dr. S. K. Owens, of Montgomery, W. Va., has recently recovered from a long and serious illness, and is now convalescing at the home of his parents in northern Virginia.

Dr. P. B. Pendleton, of Longacre, W. Va., has been quite sick for some time with sciatica.

Kanawha County.

Four of the recent graduate nurses of the Sheltering Arms Hospital have located in Charleston for the practice of their profession. They are Misses Lelia Echols Lulu A. Bonham, Emma L. Grishaber and Maude Cassell Peery.

Dr. F. H. Redewill, a recent graduate of Johns Hopkins Hospital Medical School, who was resident physiciau at the Sweet Chalybeate Spriugs, Va., during the summer past, is interne at the Sheltering Arms Hospital, Hansford, W. Va.

Dr. W. W. Hume and Dr. J. E. Cannaday attended the meeting of the Virginia Medical Society at Charlottesville, Va., in October. Dr. Cannaday reported a case of abdominal pregnancy successfully treated by operation.

Dr. R. T. Davis, of Charleston, spent the summer at the Old Sweet Springs, in Monroe county, W. Va., as resident physician.

Dr. E. A. Davis, of Mammoth, spent the month of October in Virginia. He has now gone to New York to take a post-graduate course at the Polyclinic Hospital, and will later locate in Virginia. His successor at Mammoth is Dr. W. Bolling Robertson, late of Saltville, Va.

Plans are on foot for the building of a new hospital on the present grounds of the Sheltering Arms Hospital, Hansford, W. Va.

Dr. Eugene Davis, of Charleston, W. Va., has just returned from a visit to Lexington, Va., where his father, a retired Episcopal minister, has been quite ill.

Dr. S. M. Stone, of Tomsburg, W. Va., has succeeded Dr. F. R. Wheelock to the medical practice of the Paint Creek Collieries Company. Dr. Stone will have entire charge of the medical practice of all the collieries on Paint creek with the exception of two small places. He will be assisted by Drs. W. W. Koiner, of Mucklow, and Dr. Earl Musgrave, of Standard.

Miss A. Cousins McKay, formerly night superintendent of Randall's Island Hospital, is now superintendent of nurses of the Sheltering Arms Hospital.

The P. O. address of Dr. J. E. Cannaday has been changed from Paint Creek to Hansford.

Below are the new members of Kanawha County Medical Society: Dr. Joe R. Arnold, Olcott; Dr. Dorse W. Brown, Charleston: Dr. B. P. Garred, Hernshaw; Dr. Wilbur F. Shirkey, Malden; Dr. Chas. N. Watts, Pond Gap; Dr. J. R. Walker, Marmet; Dr. D. E. Musgrave, Standard; Dr. S. S. Staunton, Villa; Dr. J. W. Aylor, Charleston; Dr. H. Sawyer James, Putney.

Mercer County.

Miss Margaret Bowles, a recent graduate of the Sheltering Arms Hospital, has accepted a position as superintendent of nurses at St. Luke's Hospital, Bluefield.

Dr. W. C. Slusher, of Bluefield, W. Va., is taking a post-graduate course at the New York Polyclinic.

Dr. W. L. Weadon is at present in Philadelphia, Pa., taking a special course in diseases of the eye, ear, nose and throat.

Raleigh County.

Dr. W. D. Jefferson, formerly located at Tomsburg, W. Va., is now at Raleigh, where he is the assistant of Dr. McRae C. Banks.

Randolph County.

President Golden appointed the following members delegates to a "conference in New York City, November 15th, to devise ways and means to protect the public health and morals": Drs. C. S. Hoffman of Keyser, A. P. Butt of Albert and J. R. Cook of Fairmont. This is understood to be the beginning of an organized effort to protect the public against the manifold evils of quacks and patent medicines. We hope our delegates were on hand.

Dr. W. S. Robertson, of Coalton, W. Va., has resigned his place there and has gone to Richmond to live.

Tyler County.

Dr. G. B. West, of Sistersville, whose name does not appear on our printed list, is an old member of the State Association. Tyler ought to have a County Society. Doctor, you are the proper leader.

Monongalia County.

Dr. Allen Bush, of Morgantown, is in New York attending the Post-Graduate School and Hospital. He will be gone till the first of the year.

Dr. E. L. Naret died at his home in Morgantown November 1st.

At a special called meeting of the Monougalia County Medical Society the following was adopted:

This society learns with deep regret of the death of its fellow-member, Dr. Edward L. Naret, at his residence in Morgantown, W. Va., November 1, 1906. Dr. Naret's love for his chosen profession and his well-known zeal and energy gave promise of a very successful professional career. The Monongalia County Medical Society hereby records its loss in his untimely death, and extends its sympathy to his bereaved wife and friends. L. S. Brock, R. H. Edmondson, F. T. Haught, Committee.

College of Medicine.—Although the requirements of the College of Medicine have been increased from twenty-four courses to thirty-six courses, an increase equivalent to one year's work—yet the number of students in this department has greatly increased. Up to the present time fifty-five students have been enrolled, which far exceeds any previous record. The students are said to rank high in the Medical Schools where they complete their medical courses.

The chemical department of the University is so crowded that room can scarcely be found

for their accommodation. The total number is 134, being mostly from the Colleges of Medicine and Engineering, and the departments of English and Education.

Ohio County.

Married—October 31st, at the rectory of St. Matthew's P. E. Church, Wheeling, by Rev. D. W. Howard, Dr. H. Byron Baguley and Miss Florence Hannan. May the river of life, for the newly-married couple, "Flo." as smoothly as "Byron's" poetry.

On November —, Dr. John McColl was married to Miss D. Pollack, daughter of the late Hon. Augustus Pollack, all of Wheeling. For the present the Doctor and wife will make their home at the Pollack mansion.

The following are new members of Ohio County Medical Society: Drs. A. B. Nicolls, C. M. Ulfert, T. F. Downing and A. J. Quimby, all of Wheeling. Three other applications are pending.

Note.—Drs. J. A. Cannaday, T. W. Moore, F. T. Haught, C. A. Wingerter, H. P. Linsz and A. P. Butt have placed us under obligations by sending news and society items.—Editor.

Medical Outlook

Hemoptysis.—Fatal result proceeds, in practically all cases, from a ruptured aneurism in a branch of the pulmonary artery. The walls of pulmonary vessels are quickly attacked in tuberculosis. The endarteritis is usually obliterating, or the vessel walls become thick and immobile. The pulmonary blood pressure may be affected by change in the caliber of the vessels, by increased or lessened flow of blood, by change in the rate of circulation, and by failure of left heart to perform properly its functions. Theoretically, hemoptysis may be controlled by making the blood more coagulable, by slackening its flow, by reducing its volume, by lowering the blood pressure, by contracting the affected vessels. The author says the vessels cannot be contracted; hence ergot, adrenalin, etc., are worse than useless. The nitrites are active in reducing blood pressure, by causing dilation of the peripheral vessels chiefly in the head and neck and in the splanchnic area. Amyl nitrite acts instantly, nitro-glycerine less promptly but longer, sodium nitrite still less promptly but still longer. Erythrol tetranitrate is slower than either, but its effects are more lasting. In hemoptysis, then, give amyl nitrite at once, with a dose of morphia, if patient is nervous. Follow quickly with nitro-glycerine, and in 20 to 30 minutes with sodium nitrite gr.j. Or, erythrol tetranitrate may be given soon after the sodium nitrite. Test the blood pressure, and repeat latter remedies as indicated. L. Brown in Am. Jour. Med. Sci. J.

Syphilis as Cause of Tabes and General Paralysis of Insane.—In Quar. Jour. of Clin. Med. Dr. Byron Bramwell claims that 80 to 94 per cent. of cases of tabes can be traced to syphilis. Never ask a patient with either of the above diseases, have you had syphilis, but rather when did you have syphilis. He insists that these diseases are most apt to follow cases that were very mild, probably because such cases of syphilis are apt to get inefficient treatment. Fournier carefully followed 83 cases of syphilis from the initial chancre up to their final termination in general paralysis of the insane, and he found that in no less than 80 of the 83 cases the syphilis in its early stages was slight. Whereas of 243 cases in which the syphilis in its early stages was severe not a single case terminated in general paralysis of the insane.

Again, amongst persons living in districts where syphilis is rare or unknown, and amongst certain classes of the population (such as ecclesiastics, monks, etc.) in which syphilis is very rare or unknown, tabes and general paralysis of the insane are very rare or unknown; but amongst these persons and classes mental diseases and nervous diseases, which are not the result of syphilis, occur as frequently, or almost so, as amongst the general mass of the community.

The opinion that syphilis is the most important factor in the production of tabes and general paralysis of the insane is corroborated by a great number of facts, some of which are the following:

Rarity of tabes and general paralysis in women, females affected with tabes and general paralysis of the insane have had syphilis or have been exposed to syphilis; juvenile tabes and juvenile general paralysis of the insane always syphilitic; the children and wives of patients affected with tabes and general paralysis of the insane often present symptoms or signs of syphilis; conjugal tabes and conjugal general paralysis of the insane are always syphilitic. Some very remarkable cases have been met with which seem to show that syphilis contracted from the same source is specially apt to produce tabes and general paralysis of the insane; in other words, special varieties, so to speak, of the syphilitic poison seem to predispose to the production of tabes and general paralysis of the insane; or, as Professor Erb puts it, certain forms of syphilis are especially toxic for the nervous system. Dr. Bramwell thinks that these facts show that syphilis is a factor of the very highest etiological importance in tabes and general paralysis of the insane. It is, in fact, the most important factor in the etiology of these diseases. He is rapidly coming to the conclusion that syphilis is probably an essential factor in the production of these diseases; in other words, that without previous syphilis we probably never have true tabes and true general paralysis of the insane. —N. Y. Jour. of Med. J.

The Bacillus Paralyticans.—Dr. F. W. Langdon reported on some research work in progress at the Clinical Laboratory of the Cincinnati Sanitarium on the Bacillus paralyticans, recently announced by Dr. Ford Robertson, of Edinburgh, as bearing an important causative relation to paresis and to locomotor ataxia. Pure cultures of the bacillus in both rods and filaments, derived from the cerebro-spinal fluid, urine and other secretions,

were exhibited; also photomicrographs. The bacillus belongs to the "diphtheroid" group, but differs from the Klebs-Loeffler bacillus in important particulars: Thus, it is non-pathogenic to guinea-pigs, while fatal to rats in two or three months. Rats fed upon it develop clinical symptoms and histological lesions resembling some of those of paresis.

The organism occurs in rods singly and tending to be grouped in threes; also in a filamentous or "thread" form due to non-separation of the individuals and presumably rapid proliferation. A high temperature (42° C.) during culture, or the presence of fever in the patient, are considered by Robertson as favoring the production of the thread form. The organism, like the Klebs-Loeffler bacillus, appears remarkable for its polymorphism. It occasionally shows barred as well as solid color forms when stained with methyl-blue or carbol-fuchsin. The "barred" forms convey something of the impression of a link of dark-colored sausage, with two or three broad light bands painted around it transversely. The polymorphonuclear leucocytes exert a marked lysogenic action upon the bacillus, and this necessitates the immediate cooling of blood containing them, in order that the lysogenic powers of the leucocytes may be arrested. By this process the bacillus has been found in the blood. According to Robertson, the bacillus paralyticans gains access to the system by way of the respiratory tract and alimentary canal chiefly. Syphilis, alcoholism and the "strenuous life" generally are merely important factors in breaking down the general defenses against the bacterial invasion. The invasion of the blood, lymph and tissues generally by the bacillus gives rise to the production of toxines to which the various trophic, degenerative, convulsive and paralytic phenomena of the disease are due.

The bacillus has been found in the bronchial, alimentary and genito-urinary mucous membranes; in the cerebro-spinal fluid; in the brain; in the walls of the cerebral blood-vessels; the blood; the urine; and other tissues and secretions. To the lysogenic action of the leucocytes and blood-serum of the paretic, is attributed the recession of the bacterial invasions, and consequently the "remissions" so characteristic of paresis.—Cinti. Lancet-Clinic.

Ether Narcosis by Rectum. — Stucky reviews the history of this method of producing anaesthesia, mentioned in Pirogoff's book in 1847. In 1884 mentioned by Mollier, who followed suggestion of Yversen of Copenhagen. Same year Hunter reported six, Weir seven, Wanscher twenty-two and Post three cases. Since then scant reference which seemingly has met with disapproval.

Four cases reported by Stucky in which Cunningham's method was followed. Cunningham's paper in Boston Med. & Surg. Journal of April 20, 1906, is closely followed in the description.

Advantages.—In operating about the head the absence of the ether cone lessens the technical difficulties, minimizes the chances of sepsis, and shortens the time of the operation. Less ether is used and the patient passes rapidly under its effects with no sense of suffocation. The stage of excitement is lessened or absent and the after effects are diminished. The direct irritation of the vapor in the lungs is absent, and this is an obvious advantage in diseases of the lungs. The absence of bronchial secretion and vomiting is marked and patients express a preference for this method.

Preparation of Patient.—Bowels should be thoroughly cleansed forty-eight hours previous to operation by cathartics and enemas. A breakfast of beef tea or milk and toast may be given four to six hours previous to operation.

Apparatus.—A bottle seven and a half inches in height, with five inches for ether and two and a half for vapor space. The afferent tube, which leads to the bottom of the ether column, ends in a bulb with several small perforations so that air ascends in fine bubbles. The bottle is placed in water between 80° and 90° F. Efferent tubes of various lengths have been tried with no difference in results.

Administration.—Patient lying on back with legs slightly flexed, rectal tube inserted from 10 to 14 inches. The rectal gases are driven out around the rectal tube, the fingers aiding in this process. The ether is forced in by a few squeezes of a bulb on the efferent tube. The breath is ether-laden in from one to five minutes after the administration. When operation is completed expel as much as possible of the ether by abdominal massage, with the rectal tube in position. The author says, "I have no hesitancy in predicting that the apparatus will be simplified, the technic of administration better understood, and that this method of narcotizing will become the method par excellence in selected cases."—Am. Jour. of Surgery.—Abstract by G. D. L.

Local anesthesia, by the introduction into the tissues of some neutral or physiologically active drug, has been practiced for a score of years or more. It seems, therefore, that we have had ample time to arrive at some definite conclusions as to its uses and abuses. While the use of cocaine for this purpose was first used, other remedies have been equally valuable and much safer. Morphia is claimed to be an antidote to cocaine, so that anyone who prefers the latter drug should give a hypodermic of morphia 15 or 20 minutes prior to the use of cocaine. The addition of adrenalin or epinephrin to the cocaine solution prolongs the anesthetic effect and controls hemorrhage. The following is considered to be an ideal solution for local anaesthesia:

Sol. Epinephrin (1-1000)	gtt. x
Beta-eucain	grs. ij
Sodii Chloridi	grs. xij
Aquae	℥ iijss

This is free from danger, even if the whole is used in one operation. If cocaine is preferred, not more than one-third the above quantity is to be used. Operations for the radical cure of hernia, hemorrhoids, fissures of rectum, appendicitis, exploratory laparotomy, removal of tubes and ovaries and many others, have been done under local anaesthesia.—Edwards in Cal. State Jour. of Med.—J.

The Treatment of Hyperemesis Gravidarum.—In the New York State Journal of Medicine for May, 1906, Stone tells us that the treatment of hyperemesis gravidarum, considered specifically, should consist of: (1) Rest in bed, absolute in most instances, at least for a few days. (2) Exclusion of all visitors, even members of the family in severe cases. (3) A milk or broth diet, or absolute withdrawal of all food by stomach in the severe cases, but a liberal allowance of water. (4) Catharsis at the beginning of treatment with calomel and salines, the salines sometimes to be repeated. (5) Colon irrigations with normal saline solution, or rectal injections of the same. Intravenous infusions in the severest types. (6) Nutrient enemata. (7) Administration of a few doses of opium, well selected as to time, either hypodermically or by rectum. The writer considers the opium a valuable adjunct, and does not think that the beneficial results following its use offer any more argument against the toxic origin of the disease than do the good results of its use in other toxic conditions.

In the treatment of the severe cases, particularly those of the acute or fulminating type, the additional evidence furnished by a complete chemical examination of the urine will give the most accurate knowledge of the gravity of the condition, although as yet the appearance of no single pathological constituent can be said to furnish an infallible guide. The writer believes, however, it will be possible to decide in a larger number of cases than formerly whether the treatment as outlined above shall be continued, or whether pregnancy shall be terminated.

In the presence of urinary changes that denote a serious disturbance of metabolism it is the writer's own opinion that pregnancy should be terminated at a much earlier period than any text-book has so far suggested.—Therapeutic Gazette.

Treatment of Coryza by Formaldehyde.—In the Concours Medical (Practioner, July, 1906) Dr. Lacroix describes a method which, according to him, gives the best results. He prescribes formaldehyde [liq. formaldehydi, U. S. P.] ʒiss. in a wide-mouthed bottle. To be used for inhalation.

The patient holds the open bottle below each nostril, as if about to use a smelling bottle, and inspires gently. There is produced in the nasal fossae and generally also in the forehead, cheeks and nape of the neck, showing the penetration of the formic vapors to the frontal, maxillary and sphenoid sinuses, a sense of smarting and tingling, intense enough to cause a slight lachrymation, and a running of mucus from the nose. As soon as this sensation becomes painful, the inhaling is stopped for a few moments, and then renewed two or three times more. This is done every hour, or less often, according to the degree of severity of the coryza.

The advantages of this method of treatment are: first of all, its simplicity; then, its cheapness—with one or two drachms of formaldehyde a cold in the head can be treated for several years; its innocuousness—for formaldehyde, used in this manner, has no untoward effects; and its efficiency, for these inhalations give excellent clinical results. Some patients preserve with the greatest care their little bottle of formaldehyde and have recourse to it whenever a cold in the head threatens, and for many years they have never been disappointed in its good effects.—Critic and Guide.

Methylene Blue in the Treatment of Inoperable Cancer.—Dr. A. Jacobi of New York says: "When he has to treat an inoperable cancer, particularly of abdominal organs, or in cases where operation has been refused, he gives methylene blue in pill form, a half grain four times daily in the beginning, and increasing up to four, five and six grains a day. From the very beginning, in order to counteract the disagreeable dysuria, he gives an extract of belladonna, three-fourths of a grain a day, divided into three or four doses. It acts very much better than nutmeg which has been recommended for that purpose. Under such treatment the cases have done well, particularly the intra-abdominal cancers. In cases of cancer of the liver, after using this treatment for some time, he has seen autopsies performed, and the tumor found to have been much reduced, the patients having lived for a good many years in tolerable comfort. He has had one case under observation eight years; this patient now has been attending to his business all the time. He would recommend this treatment, too, in cases that have been operated upon, as a routine measure. This plan of treatment he suggests because there are so many of these cases. Frequently he has combined the methylene blue with arsenious acid, a preparation which he considered better than Fowler's solution. It could also be given with strychnine or other remedy. It is important that the pills should be made up by a good apothecary. The dosage of the methylene blue should be gradually increased from two up to six grains daily, and even more, divided in four doses.—N. Y. State Jour. of Med. —J.

Adrenalin in the Opium Habit.—Dr. J. Hunter Wells, medical missionary in charge of the Presbyterian hospital at Pyeng Yang, Korea, has the following remarks to make on the use of opium and morphine: "The opium fiends, or morphine users, who began by smoking opium, are a most abject lot and usually from the homes of the well-to-do. They use the hypodermic syringe and inject morphine daily. I took on one case and instituted an original treatment in which adrenalin was the main medicine used, and the habit cut off at once. This was so successful that it created something of a furore among the morphine users, so that in April I had some thirty applications for treatment. They were so numerous that I sent some of them to a hospital conducted by one of my former students, and he, with the same remedies I used, is having good success."—Assembly Herald.

Miscellany

Caesarian Section by Heifer.—In a village near Salem, Oregon, late in July, a woman of tweuty-three years, who was near her time for delivery, was attacked by a vicious heifer, one of whose horns penetrated her abdomen and tore the uterus. As she fell to the ground the child was delivered on the road. She walked into the house, assisted by her husband who carried the baby. She died of hemorrhage within a half hour, before the arrival of medical aid. The baby survived and is in a healthy condition.—North West Medicine.

The Wanderings of a Leper in Europe.—A recent similar occurrence in the United States lends interest to the statement in an Austrian exchange that a man of 48, in the early stage of leprosy, recently arrived at the Austrian frontier on his way to his home in Roumania. Passage through Austria was not allowed, and he was sent back, with a car to himself, the doors locked and sealed. The Bavarian railroad returned the man to the place where he had taken the train, Frankfurt a. M., where he was transferred to the city hospital and isolated.. It is proposed to send him back to London, where the disease was first diagnosed and where he started on his journey. Our exchange queries in conclusion: "What country will finally have to keep him?"—Jour. A. M. A.

Labor Obstructed by Unruptured Hymen.—The following case, which came under my care some time ago in North London, is worth recording. With an experience of over 3,000 labors during the last twenty-three years, this is the only example of the kind I have had, though similar instances are mentioned in obstetrical works. The patient was a young woman who had been married about a year. When summoned to attend, labor had progressed for mauy hours, for the fetal head was well down on the perineum. The hymen was firm, rigid, and unyielding. As this condition was obstructing labor, I made several incisions into the hard, fibrous material, after which delivery proceeded naturally. The perineum was slightly lacerated, but this was purposely left unsutured. The preseutatiou was normal; no complications followed, and the mother subsequently did well.—Edwin Chill, in British Med. Jour.

Damage Suits Terminating in Favor of the Surgeons.—Prof. Berger of Paris was recently sued by a couple whose child he had been operating on. He had undertaken a series of plastic operations to restore the face of the child, but for certain medical reasons was obliged to abandon the attempt. The parents sued him for not having completed the task, but the court dismissed the case. Dr. Aubeau of the same place was also recently sued by a woman for $10,000 damages on account of an indispensable gynecologic operation which he had successfully performed. She claimed that the operation had been too complete. He entered a counter suit, claiming 1 franc damages for her abusive pursuit. The woman's case was dismissed and the physician was awarded the damages he asked. An editorial in the Gaz. Med. Belge says that times are becoming brighter; ten years ago the courts would in all probability have decided differently.—Jour. A. M. A.

An Early "Cut-Rate" Apothecary.—"Whereas, the majority of Apothecaries in Boston have agreed to pull down the prices of Bleeding to sixpence, let this certifie that Mr. Richard Clarke, Apothecary, will bleed anybody at his shop, gratis."—Stamford Mercury, March 28th, 1716. G. D. L.

Beauties of Electricity.—A Denver physician, whose window reads, "Nose, Throat and Electricity," was recently called in an emergency to see a gentleman who had been attacked with apoplexy. Not beiug a neurologist, he had to make the case fit his specialty, so he informed the family that electricity was the best treatment, and has since been applying it to the patient.

The wife, weary and worn with watching, fainted from fatigue, and our accommodating M. D. diagnosed the case "nervous prostration," and advised electricity.

After getting the parents both started on the electric route, the rest became easy. Upon inquiry, he discovered the young lady of the family suffered from dysmenorrhoea, and she, too, was put on the same treatment. Not content with three daily seances in one family, he discovered some acne spots on the young lady's face, and persuaded her to come to his office each day and bask in the effulgence of the miraculous life-giving "rays."

Great is electricity, and great is the specialist who can make grist of every case that comes to his mill.—Colorado Medicine.

Benjamin Franklin's Views as to the Nature of Colds.—The following passage from President Eliot's address ou "Benjamin Franklin, as Printer and Philosopher," at the meeting of the American Philosophical Society, April 20, 1906, to commemorate the two hundredth anniversary of the birth of Frankliu, is of decided medical interest: "The sagacity of Franklin's scientific inquiries is well established by his notes on colds and their causes. He maintains that influenzas usually classed as colds do not arise, as a rule, from either cold or dampness. He points out that savages and sailors, who are often wet, do not catch cold, and that the disease called a cold is uot taken by swimming. He maintained that people who live in the forest, in open barns or with open windows, do not catch cold, and that the disease called a cold is generally caused by impure air, lack of exercise or overeating. He came to the conclusion that influenzas and colds are contagious —a doctrine which, a century and a half later, was proved, through the advance of bacteriologic science, to be sound. The following sentence exhibits remarkable insight, considering the state of medical art at that time: 'I have long been satisfied from observation, that besides the general colds now termed influenzas (which may possibly spread by contagion as well as by a particular quality of air), people

often catch cold from one another when shut up together in close rooms and coaches, and when sitting near and conversing so as to breathe each other's transpirations; the disorder being in a certain state.' In the light of present knowledge what a cautious and exact statement!"—Jour. A. M. A.

Osteopathy and Smallpox.—I find there are quite a few osteopaths on our subscription list. And several of them asked me what I thought of osteopathy. Well, I'll tell you frankly. Like every system which ascribes all disease to one etiologic factor, or which treats all diseases by one method, it is rotten. There you have my frank opinion. This does not mean to assert that osteopathy may not prove very useful in certain indicated cases; it may even cure a small percentage in which regular medicine fails. But this does not change the fact, that on the whole, like every sectarian system, it may do much more damage than good. You must first learn to diagnose your cases. There can be no intelligent therapy without at least an approximately correct diagnosis. And osteopaths are not diagnosticians. In this connection the following editorial from the Medical Fortnightly of St. Louis (Aug. 26) is quite interesting:

"A good story comes from the City Dispensary, which demonstrates the wisdom behind osteopathy. A lady phoned the dispensary that she wished a physician to call and examine two 'doctors' who were suffering from a suspicious eruption. The dispensary physician responded and found two osteopaths with an eruption so obvious that it was quite beyond 'suspicion.' Questioning developed that they had been treating a child for such an eruption which they had diagnosed as due to a 'luxation of one of the dorsal vertebra.' Investigation showed that the child and its 'doctors' had the smallpox, and they were sent to quarantine. It is safe to say that these osteopaths will hereafter have a belief in something other than dislocation when they see this form of eruption, but what of the community while others are learning the same lesson?"

This story would be purely amusing, if the contemplation of the dangers to which patients of the various quacks are subjected, did not incline to sadness.—Critic and Guide.

Book Reviews

The American Illustrated Medical Dictionary.—The New (4th) Edition—2,000 New Words. All the terms used in Medicine, Surgery, Dentistry, Pharmacy, Chemistry and kindred branches; with over 100 new tables. By W. A. Newman Dorland, M.D. Fourth Revised Edition. Octavo of 836 pages, with 293 illustrations, 119 of them in colors. Philadelphia and London: W. B. Saunders Company, 1906. Flexible Morocco, $4.50 net; thumb indexed, $5.00 net. **W. B. Saunders Company,** Philadelphia and London.

In the compilation of this book the author has shown an unusually clear apprehension of the qualities such a work should possess, and in the execution of the plan has imposed upon himself the most exacting and pains-taking care. It is no wonder that this, the 4th edition, is called for in less than six years. The excellent features are so many that it is embarrassing to choose from them the few that our space allows us to mention. The paper, binding and typography are all that could be desired. The flexible cover, with edges trimmed very nearly to the size of the leaf, makes the rapid turning of the leaves an easy task. The heavy-faced type used in printing the words to be defined greatly facilitates the finding of the ones sought for,—a point of excellence most gratefully appreciated by the reader. Besides giving the derivation, the pronunciation is clearly indicated by means of easily understood diacritical marks and phonetic spellings. In a work comprehending such a vast number of terms, the definitions must necessarily be greatly condensed if the book is kept within reasonable limits. The task of doing this has been most satisfactorily accomplished. As a rule—to which we have noticed but few exceptions—the definitions are concise, clear and sufficiently elaborated. A goodly number of illustrations are introduced, many of them colored plates. While all of them are useful and nearly all excellent, some of them one would scarcely expect to find in a dictionary where space is so important. For instance, the full-page illustrations of appendicitis, nephritis, pregnancy, the human embryo, the Leishman-Donovan bodies, etc. Beautiful these are, and accurate, and will often save the trouble of a reference to one's Anatomy or Pathology. In front of the main text are an extensive table of abbreviations, and an index of the more than one hundred tables found in the body of the work. Each of these will be found helpful as well as time-saving. We are glad to note that in spelling the work follows the accepted style. It is still sulphur, not sulfer. In the presence of so much excellence it may seem ungracious to refer to any imperfections, but a few of a very mild sort have come under our notice. It is a little trying when looking up Body-cavity to be told to see Celom, and when we turn to Celom to be told to see Coelom. One "see" ought to be enough. Under yellow fever no mention is made of the stegomyia as the infecting agent, although this is stated both under Mosquito and Stegomyia. The bacillus icteroides (of Sanarelli) is given as the probable cause, and is figured on one of the two full-page plates illustrating pathogenic and other bacilli. Some that are illustrated on these plates are not found under their proper names in the text, but are noted under the names of their discoverers, viz.: B. Duplex as Diplococcus of Morax and Axenfeld, and the B. Aegyptiacum as Koch-Weeks bacillus. A few are scarcely important enough to be included, as the non-pathogenic B. Mycoides, from soil, water, etc. Inasmuch as these are figured, one would expect the more important Gonococcus of Neisser would also be given illustration. The pronunciation of the first syllable of diphtheria is given as dif, but under swine-diphtheria, it is dip. Both are allowed, but uniformity would be preferable. But these minor imperfections must be few, and do not at all detract from the conspicuous merits of the work. Its contents,

size and convenience of reference make it the ideal dictionary for the busy practitioner's desk, and to all such we heartily commend it.—W.

Prevalent Diseases of the Eye.—A Reference Handbook, Especially Adapted to the Needs of the General Practitioner and the Medical Student, by Samuel Theobald, M.D., Clinical Professor of Ophthamology and Otology in the Johns Hopkins University. An Octavo of 551 pages, with 219 text illustrations, and ten colored plates. Published by **W. B. Saunders Company**, Philadelphia, 1906. Cloth, $4.50 net. Half Morocco, $5.50 net.

The opening sentence of the preface to this excellent text-book gives a good and sufficient reason for its existence: "Although most treatises upon diseases of the eye have been written ostensibly for the general practitioner and the medical student, they have been, with few exceptions, adapted in reality not to their needs, but to the requirements of the specialist in this department of medicine." With this fact in view the author has undertaken and accomplished his task in a manner that must have been satisfactory to himself, and that cannot fail to be fully as satisfactory to his readers and students. The matter has been well prepared, well classified, and presented in a plain, clear, concise style. Technicality has been avoided as much as possible. The busy general practitioner who runs may read the book with much advantage and great benefit. "The weak point of the general practitioner in dealing with eye diseases is, unquestionably, in reaching a correct diagnosis." The author's lucid descriptions and plain setting forth of symptoms in the important eye diseases serve to make their diagnosis comparatively easy. The most important of all eye diseases for the general practitioner to promptly recognize is glaucoma, for it frequently runs so rapid a course that the delay of a few days, or even a few hours, may result in hopeless blindness. The short, concise, and comprehensive chapter on glaucoma in the book admirably states the salient feature of this serious affection, and would aid one very much in making a diagnosis and enable one to act promptly and intelligently. The same might be said of the description of that other serious disease, iritis. In fact, all of the various eye diseases are clearly yet fully described and all of the symptoms so accurately placed before the reader that the diagnosis is much simplified. We know of no book on the subject that is so well suited to the need of the general practitioner. It would be well placed on the shelf of every physician's library.

The make-up of the book is excellent. The binding is suitable and in good taste. The paper is of good quality. The letter-press is clear, well-spaced and very legible. The illustrations are well selected; some of them are beautiful. D.

The Blues (Nerve Exhaustion), Causes and Cure. By Albert Abrams, A.M., M.D. (Heidelberg), F.R.M.S. P. 254, $1.50. E. B. Treat Co., N. Y., Publishers.

An interesting discussion of a common disease, viz., neurasthenia, of which, the author says, "fatigue and proneness to it is the primary and essential sign." It is due to "overstrain of the nervous system provoked by various mental, moral and physical causes, the result of over-civilization." Tire is nature's call for rest. If the call be heeded, no danger need be feared from any amount of work. "Splanchnic neurasthenia"—synonymous with "the blues"—is a special variety "dependent essentially on a stagnation of the blood in the splanchnic or abdominal veins," which are very capacious and may contain all the blood in the body. Symptoms are, heart weakness, enlarged and tender liver, accumulation of gas and consequent abdominal distension, depressed spirits, etc. The treatment consists of abdominal massage, abdominal and respiratory exercises, abdominal supporters, electricity and hydrotherapy. There is much of interest and practical value in the volume, and a number of excellent illustrations showing the author's methods in both the examination and treatment of patients.

We encounter a few faulty sentences, and the puuctuation can be improved in many places.

BOOKS RECEIVED.

Saunders' Pocket Medical Formulary. New (8th) Edition, Adapted to the 1905 Pharmacopeia. Saunders' Pocket Medical Formulary. By William M. Powell, M.D., author of Essentials of Disease of Children"; member of Philadelphia Pathologic Society. Containing 1831 formulas from the best known authorities. With an appendix containing Posologic Tables, Formulas, and Doses for Hypodermic Medication, Poisons and their Antidotes, Diameters of the Female Pelvis and Fetal Head, Obstetric Table, Diet-lists, Materials and Drugs used in Antiseptic Surgery, Treatment of Asphyxia from Drowning, Surgical Remembrancer, Tables of Incompatibles, Eruptive Fevers, etc., etc. Eighth Edition, Adapted to the New (1905) Pharmacopeia. Philadelphia and London: W. B. Saunders Company, 1906. In flexible morocco, with side index, wallet and flap. $1.75 net.

The Practice of Gynecology. New (3rd) Edition, Thoroughly Revised. A Text-Book on the Practice of Gynecology. For Practitioners and Students. By W. Easterly Ashton, M.D., LL.D., Professor of Gynecology in the Medico-Chirurgical College of Philadelphia. Third Edition, Thoroughly Revised. Octavo of 1096 pages, with 1057 original line drawings. Philadelphia and London: W. B. Saunders Company, 1906. Cloth, $6.50 net; Half Morocco, $7.50 net.

Diabetes Mellitus; Its Pathological Chemistry and Treatment. Lectures Delivered in the University and Bellevue Hospital Medical College, N. Y. Herter Lecture Foundation. By Professor Dr. Carl von Noorden, Physician-in-Chief to the City Hospital, Frankfort-a-Main. E. B. Treat & Co., Publishers, N. Y.

(The above will be reviewed in our next issue.)

The West Virginia Medical Journal

Published Bi-monthly
by
The W. Va. State Medical Association

Under the Direction
of the
Committee on Publication.

COMMITTEE ON PUBLICATION:
S. L. JEPSON, M.D., Chairman, Wheeling.
L. D. WILSON, M.D., Wheeling. J. L. DICKEY, M.D., Wheeling.
Entered as second-class matter August 10, 1906, at the Post Office at Wheeling, W. Va.

Vol. I.—No. 4. WHEELING, W. VA., FEBRUARY, 1907. Subscription Price $1.00 per Year. Single Copies 20 Cents

Original Articles.

DISHONESTY IN FOODS AND DRUGS.

Robert J. Reed, M. D., Wheeling, W. Va.

In the "Pure Food" issue, the questions of impurity, adulteration and misbranding are all important phases of the subject, but there is one fundamental question which is of paramount interest. It is the one which concerns the basic principles of candor and honesty, and the right of every man to know what it is he is receiving when he purchases that which is for the maintenance and protection of his chief asset, his health.

The general public's standard of honesty remains unchanged as the generations pass. The average citizen expects, as a matter of course, truthfulness, fairness and honor in the dealings of his fellow man. The verification of this statement is found in the wave of profound astonishment which recently has swept over our country, as the evidences of dishonesty and treachery have been disclosed in high places. If the public has been disturbed by these discoveries, it is appalled by the still more recent revelations proving that the health and very life of the people are being endangered by dishonest and malevolent methods which prevail in the manufacture and distribution of the actual necessities of life.

Statistics could be produced from the findings of congressional committees, from the Bureau of Chemistry in the Agricultural Department of the Government, from the departments of chemistry now established in many states, and from other sources, which would fill pages, but only an abridged statement of a few of the conclusions will be given here.

In 1400 analyses of foods and drugs made by expert chemists connected with the Health Department of one of the states, 54.9 per cent of the foods examined were adulterated, and 43.6 per cent of the drugs. In another state report, of 620 food samples, 57.9 per cent were adulterated, and of 146 samples of drugs, 108 were impure. Senator Heyburn, chairman of the Senate Committee having in charge the federal pure food measure, made the statement that by referring to a certain bulletin published by the Department of Agriculture "you will find that more than half the food you eat is injuriously adulterated, and about half of the other half is misbranded."

An example or two are here given to illustrate clearly the feature of dishonesty in food manufacture, although the products may be harmless. "Of 54 well known brands of maple syrup," quoting from an official report, "the result of the analyses indicate that the real maple syrup rarely or never is procurable." It is a cane or glucose product "colored with caramel, a burnt sugar and flavored with decoctions of corn cobs, hickory bark or maple chips." "Customers were paying $1.25 per gallon, a fair price for genuine maple syrup, and were receiving a syrup worth less than twenty-five cents."

Of 113 samples of "pure fruit jellies" officially examined, 93 or 82.3 per cent were fraudulent, all made from "apple stock,"

the cheapest of material, and sold for the price of delicate fruit jellies.

Wheat flour has not escaped adulteration in the hands of certain manufacturers. According to a government bulletin the form of adulteration is an admixture of the wheat flour with mineral matter to increase its weight or with alum to improve its physical appearance, or with flour of cheaper material.

The deception and adulteration practiced in foods are for the purpose of making cheap products attractive and saleable for the price of the best. The people's money is dishonestly secured, but it does not always follow that the health is injured. There is, however, another class of secret preparations, falling under the head of drugs—the secret nostrums—a large majority of which contain poisons that are a serious menace to the public health, aside from the question of dishonesty which is practiced in their exploitation and sale. Incalculable quantities of alcohol, narcotics, cardiac depressants and other poisonous agents are being distributed indiscriminately among the sick of our land, and for which they are contributing over 75 millions of dollars yearly. The human mind cannot conceive of the deception practiced for those millions and the irreparable injury that constantly is being inflicted upon sick and discouraged humanity in this, our beloved country, boastful as it is of its justice, and founded as it was, for the express purpose of "watchfulness over the general welfare of the people."

Of 14 samples examined by the Chemical Bureau in one day for Senator Heyburn, "thirteen were absolutely rank frauds, deleterious in their effects, containing nothing that could or would, under any circumstances, accomplish the cure of any disease." Similar statistics in great amount could be given.

The extensive use of these nostrums is dependent upon skilful advertising, as well as upon the fact that certain effects promised are promptly produced. The influence of stimulants, sedatives and narcotics are always quickly felt. This prompt, though temporary relief arouses confidence. With this accomplished, the remaining requisite of a successful nostrum is that it shall prove a "good repeater," that the demand for more shall increase with the taking, that a feeling of dependence upon it shall grow, and later develop into a persistent craving. Countless numbers of human beings afflicted with disease have in this way become the victims also of vicious habits. Many deplorable cases in all communities are thus explained.

A verification of these statements is found in the class of nostrums heralded as "Catarrh Cures." Grateful relief is afforded by their use, but the effect is brief, the annoying catarrhal symptoms return. To secure more permanent results and to attain the "cure" promised, it is necessary to keep the inflamed surfaces constantly under their influence. Now the fact has been revealed that practically all of the popular catarrh remedies contain cocain. Since the disease is a chronic one, an excellent opportunity is afforded for the development of the cocain habit, and many are they who step into this pitfall, themselves blameless. Not even scant sympathy is given to the wretched "coke" fiends, because of the impression that they are simply indulging depraved appetites, when the truth is, in many instances, they are the unsuspecting victims of a "warranted safe, sure cure for catarrh." Horrible examples of this very fate physicians frequently encounter. A single case in my own experience may be related in illustration. A model wife and mother suffered from nasal catarrh with reflex headache. She yielded to the seductive advertisement of a "the safe catarrh cure." The result was most welcome. It was found necessary, however, to use it constantly to be comfortable. After a time she "couldn't live without it," but this helpless state she made her life's secret. In the course of months her health was completely wrecked, and the restrictive regulations of a sanitarium became imperative. After her going, in a private drawer, were found several hundred empty bottles of the "catarrh cure," its chief ingredient cocain. This was the first positive proof that her family and attendants had of the true nature of her condition, and the innocent victim herself was not aware that she was simply a cocain habitue.

It is difficult to conceive of any one living in this Christian civilization so bereft of natural sympathy, so fiendishly ghoulish, as to practice deception for gain upon one suffering the dismal fate of the wasting

consumptive, or to add one mite to his discouragement, or to lay a straw in the way of his one chance of recovery. His disease is incurable by medicine, his only hope rests in methodical living, a regulated diet, and an out door life. Any thing interfering with this plan of treatment is disastrous in its results. Opiates will stop the cough, which encourages the patient for a season, but it interferes with nature's efforts in casting off refuse matter. It dulls the appetite, disturbs nutrition, interferes with the functions of execretion, produces listlessness, which makes the bed preferable to the open air. In short the continued use of a narcotic is the surest means of sealing the patient's doom.

Consumption is our most prevalent and fatal disease and the nostrum harpies find it a fertile field for their iniquitous practices. A few cullings are here submitted from the literature of one of the alleged "consumption cures" which is daily offered through the press to these disheartened patients. "The true remedy at last discovered." "Greatest discovery of the century." "The only sure cure for consumption in the world." "Hundreds of hopeless cases being cured every day." "Delay not a moment when that hacking cough and flushed cheek admonish you that the insidious viper consumption is secretly gnawing at your vitals." An analysis of this wonderful "cure" discloses the fact that it contains opium and chloroform in goodly quantities, and that there is nothing curative in any of its ingredients. Virtually all of the cough, bronchial and consumption nostrums sold are similar to this one—containing active narcotics.

In recent years a veritable mine of golden opportunity for filching the public has been opened up to the nostrum makers in the discovery that a certain product of coal tar exerts a controlling influence upon pain, and is free from many of the unpleasant effects of an opiate. It controls local pain by depressing the heart's action, thereby lowering the blood pressure, which, in turn, lessens the blood supply to the affected part. But because of this effect upon the heart it is more dangerous than opium. Notwithstanding this fact—that it is a poison—because of the limitless license given to the secret nostrum business countless preparations having this drug as its principal ingredient, are scattered in reckless fashion and in great profusion throughout every community, accompanied by the most positive assurance of "safe cure" from every type of pain. The country has been flooded by these combinations, without a hint of the fact that they conceal this powerful drug, and without one word of caution In powder, tablet, and other forms, under various names, they are sold indiscriminately to children, to invalids, to any and everybody in pain; and not always by druggists, but over the grocers' counter. My own ears heard a sale closed with a corner grocer for certain headache powders, together with a tea order. The assurance was given that no death had occurred from the use of those particular powders. One of the most popular of these preparations is dispensed by the soda fountain boy. When a headache drink is called for, about a heaping teaspoonful, at a guess, is emptied from the bottle into the glass. That is the degree of accuracy exercised. That amount contains about ten grains of *acetanilid;* four grains is a good dose, and five have been known to kill. Both the boy and the druggist have been assured that it is a perfectly safe preparation. To those who have any affection of the heart, these nostrums are a positive menace to life.

Although the tale is only begun, it is unnecessary to elaborate further upon these secret drug combinations. The alcoholic "bracers," the opium ladened "baby soothers," "the cancer cures," "the impotency cures" and many others are equally dishonest and dangerous.

It is very clear that the standard of honesty ruling in the business world is not the one written in the code of the nostrum makers. The manager of any ordinary business carrying it on largely by a system of "false pretenses" would be guilty at common law of a misdemeanor. The one who in the darkness persuades you by his manner and speech to relinquish to him your possessions, rather than endanger your life, is designated a highway robber or burglar, and you may shoot him if you prefer. The man who, without investigation and examination, says to the one sick and discouraged with a "hacking cough," "delay not, the viper consumption is secretly knawing at your vitals," takes the frightened man's money and gives him slow poison, is under the laws of this

and many other states, an honorable man, worthy of all the protection given to a business man of highest probity.

There are many other passing strange anomalies in conection with this nefarious business.

1. "According to the theory of the state, the makers of secret remedies need no education to cure, without a diagnosis, maladies that baffle the best skill of educated medical men with a diagnosis."

2. The state, very properly, demands many years of academic and scientific education before it will issue to any one a license to treat diseases and dispense medicines of known standards of purity. Of the maker of a secret medicine the state demands neither academic nor scientific education. He may at once dispense his remedy for the cure of a disease, having no knowledge of its nature; and concerning the purity, safety and efficiency of his medicine the government makes no inquiry.

3. A druggist in order to assume the name and hold the privilege of dispensing well known drugs of standard strength, must be a man of careful training and special education before the state will issue to him a license, but any one able to manage a primitive grocery is permitted by the state to sell over his counter nostrums of which he knows nothing, to customers complaining of symptoms the significance of which he is absolutely ignorant.

4. Druggists are forbidden by a state law to sell cocain, opium and its derivatives, as well as similar narcotics, without first registering the sale, its date, name of the purchaser, to whom he must explain the poisonous nature of the drug, and if known to be a habitue, must not sell at all. The nostrums containing these very ingredients have not a letter of law regulating their sale. The druggist declines to sell cocain to one with the habit formed, but promptly responds to his request for a bottle of "catarrh cure" rich in cocain.

The *responsibility* for these evils rests primarily with the government of the United States. In former years the government issued patents for secret medicines. It may occasionally continue to do so. A patent was issued upon the presentation of the formula with a description of its process of manufacture. That was a business like procedure. It held good for 16 years, as do other patents—then became public property. This proved unsatisfactory to the nostrum makers for reasons very apparent, and in later years they have adopted with rare exception a more simple plan by which they do not divulge the secret of the formula and there is no time limit.

Application is made to the government for the copyrighting of a name for a secret medicinal combination. Upon the apparently innocent request the government acts, without hesitation or compunction, and proceeds to officially christen the offspring and assumes in a measure the obligations of Godfather. No inquiry, whatsoever, is made concerning the legitimacy of the new-born, or the qualifications of its parentage for bringing it into the world; nor any investigation into the purpose of its creation, nor into its own nature. Should it prove to be a hybrid with vicious proclivities, the government, notwithstanding, has already thrown about it protecting arms by making its vocation legitimate and respectable.

The responsibility for the *continuance* of this evil, which the government has abetted in its incipiency, is a dual one, and is divided between a combination of the proprietors of the copyrighted names and the public press. This combination is known as the Proprietary Medicine Association of America. It probably deserves the name of trust above any organization in the country and is the most powerful. It is called "the patent medicine trust." Its purpose seems to be two-fold—to prevent legislation inimical to its interests and to maintain a uniform and definite relationship with the press. That it has been able to exert a great influence upon legislation is well known. The public has not been asleep to the evils of adulterated drugs and of secret nostrums. In 1848 a law was enacted by the Congress of the United States for the purpose of preventing the importation of dishonest drugs into this country from foreign countries, and thereby protect the American people from dangerous swindlers. The law is active today; but it has taken all of the intervening fifty-eight years for this government to take one step toward the protection of her own people from her own swindlers.

How does this trust exert its influence upon the press? Here are a few facts and one may draw his own inferences. The fol-

lowing statement was made by one of the leading nostrum makers before a meeting of the proprietary medicine association: "The 20,000 newspapers of the United States make more money from advertising the proprietary medicines than do the proprietors of the medicines themselves. Of the receipts one-third to one-half goes for advertising." Their receipts run from seventy-five to one hundred millions of dollars a year—a large stake.

Now it is as important to keep public sentiment in a state of somnolence as it is to stop hurtful legislation; for if the one is aroused the other can not be prevented, and so the silence of the press is the first important consideration. With a few notable exceptions the press of the country, notwithstanding its muck-raking habit, has been silent upon the subject of dishonest drugs.

The large medicine houses make their advertising contracts with publishers by the year, and this sentence is taken from the printed form of one of the best known houses and largest advertisers in the United States: "It is agreed that blank company may cancel this contract in case any matter detrimental to its interests is permitted to appear in the reading columns or elsewhere in the paper." *The silence agreement.*

From another: "It is mutually agreed that this contract is void if any law is enacted in your state restricting or prohibiting the manufacture or sale of proprietary medicines." *The legislative contract.*

Another quotation from a speech made some time ago before the proprietary association by one of its leading spirits: "We have had a good deal of difficulty with different legislatures of the different states." "I have a plan whereby the responsibility is thrown upon the newspapers." He spoke at length and closed with an illustration. "In blank state a few years ago they wanted to assess me $300" to fight a certain measure. "I thought I had a better plan. I wrote to about forty newspapers and merely said: "Please look at your contract with me and take note that if this law passes, you and I must stop doing business and my contract ceases. The next week every one of them had an article." The preceding and the following information is from recent articles in Collier's Weekly.

In late years the entire legislative business is systematized. The same idea just given is carried out by a legislative committee appointed from the parent body—the proprietary medicine association. It has its staff of officers and a headquarters in a western city. It maintains an agent in every state, whose business it is, during the session of a legislature, to watch every new bill, and the moment one appears affecting proprietary medicine interests, the fact is telegraphed to headquarters with a copy of the bill. From there a copy is sent to every member of the association. Those having contracts with the newspapers of that state telegraph the publishers at once, reminding them of their contract, and warning them of the jeopardy in which their mutual interests are placed. The editors do the rest. Beautifully simple and inexpensive system.

During the last session of our own legislature we had a convincing exhibition of its effectiveness. A bill was presented in the Senate, the purport of which was that the label of a secret nostrum should name the ingredients within and the amount of any poisonous or habit forming drug it contained. The press of the state arose as one man and bitterly denounced the proposition as preposterous, "aiming to injure business," and destroy "vested rights." The editorials were singularly similar in sentiment and expression, almost as if one mind might have shaped them. Thereafter the bill slept peacefully with a committee where no public discussion of its merits could be heard.

With the press seduced into a state of commercial thralldom and yoked like a dumb ox to the consciousless promoters of this gigantic evil, it is no longer a mystery that this canker has been permitted to eat its way into the nation's side.

The gratitude of the people is due to a few brave and independent publishers and editors who have been fighting a hard battle in their interest in this matter. Great progress has been made in many directions. The postoffice department has been making some investigations into the nostrum evil, and the revelations justified the closure of the mails to some of the more offensive ones. The courts upheld the action of the postoffice and gave the following reasons:

1. That the advertising and circular statements circulated through the mails were

materially and substantially false with the result of cheating and defrauding those into whose hands the statements came.

2. That while the remedies did possess medicinal properties, these were not such as to carry out the cures promised.

3. That the advertiser knew he was deceiving.

4. That in the sale and distribution of his medicines the complainant made no inquiry into the specific character of the disease in any individual case, but supplied the same remedies and prescribed the same mode of treatment to all alike.

With what perfect precision does this judicial statement describe 90 per cent of all nostrums and their exploiters; and yet with this encouragement from the courts, the Post Office Department has not deemed it expedient to make the movement at all general.

The "pure food" law, which passed Congress June 30th, and became operative January 1st, 1907, is a triumph. With respect to the regulation of the impure food evil it seems to approach perfection. Misbranding, adulteration, and all misrepresentation are questions fully covered. With respect to drugs it has not gone so far. The formula of a medicine is not required, but the label must tell the proportion of alcohol, morphia, opium, cocain, chloroform, cannabis indica, chloral, acetanilid or any derivatives or preparations of such substances contained therein.

This is a far step forward and meets the gravest phase of the secret nostrum evil—the disclosure of the poisons. It is the prerogative of every man to prescribe for himself if he wishes. The government no declares that he should be protected in that right, and not be permitted to be the victim of falsehood and fraud, at least in the matter of poisons. Should he desire to take a medicine containing poison he is to know it. This has heretofore been denied him.

The "pure food" law applies to all foods and drugs entering into interstate commerce. It does not protect a state from its own dishonest manufacturers. West Virginia should have a law fashioned after the national "pure food" law. Vested interests should be made to step aside, if need be, in the interest of the public health of the state. What right thinking man, what honorable man, can take any other position? And the issue is of sufficient importance to enlist the active interest of every public spirited citizen of the commonwealth.

When questions concerning the public health are to the front, the medical profession should, and usually does, take the initiative and earnestly labor for their solution. The physicians of West Virginia are facing a public duty at this time. Upon January 1st, 1907, the national "pure food" law became effective. Our state should at once place itself in harmony with the national government. As that law goes into force our legislature convenes. It is the reasonable, the logical, the psycological hour to act. No other legislation is more important to the people in general, none is in such a state of preparation for favorable presentation. The entire country approves and applauds the national "pure food" law, and our representatives must naturally be influenced by that sentiment, and especially so if the members of the medical profession throughout the state shall, in the interest of the whole people, but act in harmony, and with earnestness, and forcibly impress upon them the great need of this new law. If we fail to secure this legislation during this present session it will be indefinitely, if not forever, postponed. West Virginia will become a hot-bed for the adulterated food and nostrum business. It is traveling this way rapidly at the present time. New nostrum companies in particular are springing up all over the state. It is not improbable that the large nostrum manufacturers will establish separate plants in the different states where the laws are favorable, and carry on a state rather than an interstate business. In this way they could escape the federal law and avoid disclosing their alleged secrets. In this event the patent medicine trust,—the press captive—would soon hold our state helpless in its toils.

Shall indifference and indolence on the part of physicians, who are best acquainted with the enormity and viciousness of this evil, permit such a disaster to West Virginia?

Bleeding from capillary hemorrhoids high in the rectum usually yields to injections of cold water or a cold solution of tannic acid. In these cases, however, it is important to exclude the presence of an ulcer further up. —*American Journal of Surgery.*

PNEUMONIA.

Its Diagnosis, Prognosis and Treatment.

(Read before Berbour-Randolph Tucker Medical Society.)

Diagnosis:—No disease is more readily recognized in a large majority of cases than pneumonia. To make it more readily discussed we will take up the two general classes separately, which are lobar and broncho-pneumonia.

I think that the ordinary lobar pneumonia of adults is rarely overlooked, though errors are particularly liable to occur in the intercurrent pneumonia, in those complicating chronic affections, and in the diseases as met with in children, old people and drunkards.

In the aged who are affected with diabetes, Bright's disease, chronic heart disease, pulmonary tuberculosis and cancer, an acute pneumonia often proves fatal and is very often overlooked. In these cases the temperature is perhaps the index, and should, more particularly if cough develops, lead to a careful examination of the lungs, as there could be absence of expectoration and of pulmonary symptoms, making the diagnosis very difficult.

In children there are two special sources of error; the disease may be entirely masked by cerebral symptoms and the case be mistaken for one of meningitis. It is remarkable in these cases how few indications there are of pulmonary trouble. The other condition is pleurisy with effusion, which in children often has deceptive physical signs.

The exploratory needle is sometimes required to decide the question. In chronic alcoholism the cerebral symptoms may predominate and completely mask the local process, or they may assume the form of violent mania, but more commonly present the symptoms of delirium tremens. In any case where you find rapid respiration, rapid pulse and a rise of temperature, you should be suspicious of inflammation of the lungs.

Pneumonia is rarely confounded with ordinary consumption, but to differentiate acute pulmonic tuberculosis is often difficult. The case may set in with a chill. It may be impossible to determine which condition is present until softening occurs, and elastic tissue and tubercle bacilli appear in the sputum. The same mistake is often made in children.

Pneumonia is often counfounded with typhoid fever. There are instances of pneumonia with the local signs well marked, in which the patient rapidly sinks into what is known as the typhoid state with rapid pulse, dry tongue and diarrhea. Unless the case is seen from the outset it may be very difficult to determine the true nature of the disease. On the other hand, there are cases of typhoid fever which set in with symptoms of lobar pneumonia. It may be impossible to make a differential diagnosis in such a case unless the characteristic eruption develops or the Widal reaction be found. Hypostatic congestion may be confounded with pneumonia, though this congestion is apt to develop in long-continued fevers or other diseases requiring a prolonged dorsal recumbent posture, and that are attended by a weak heart. There is dulness at both bases, with perhaps some harshness of the breath sounds. It can usually be distinguished from penumonia by the absence of rusty sputum or of a rise in temperature, and it is bilateral. Similar signs may, however, announce a secondary or terminal double pneumonia.

Acute bronchitis in children may simulate pneumonia, but there is no chill or convulsion, the respiration is not so rapid, nor the fever so high as in pneumonia, dry and moist rales are heard over both sides of the chest, and there is no dulness or bronchial breathing.

Broncho-pneumonia is a disease usually preceded by bronchitis or an acute infection, such as measles, whooping cough or la grippe. Dyspnea and cyanosis are well marked; the sputum is thick and streaked with blood, rather than rusty; the fever is irregular, does not terminate by crisis, and may last for weeks. The physical signs are those of a diffused bronchitis, dry and moist rales over both lungs; the evidences of consolidation are often indefinite, and where well marked are usually limited to a vertical strip on each side of the spine, whereas in lobar pneumonia they are quite as well, and, indeed, often more distinctly perceived over the lateral aspect of the chest. Therefore a patient with fever, rapid breathing, and a chest so full of large and small moist rales on both sides that the respiratory murmur

cannot be heard, has broncho-pneumonia; still, it may be confounded with lobar pneumonia if the areas of consolidation are large and merged together.

Broncho-pneumonia occurs chiefly in children under one year old, whereas lobar pneumonia is more common after the third year. Between lobar pneumonia and the secondary form of broncho-pneumonia the diagnosis is easy. The mode of onset is essentially different in the two infections, the one developing insidiously in the course or at the conclusion of another disease; the other setting in abruptly in a child in good health. In lobar pneumonia the disease is almost always unilateral, in broncho-pneumonia bilateral. The chief trouble arises in cases of primary broncho-pneumonia, which, by aggregation of the foci, involves the greater part of one lobe. Here the difficulty is very great, and the physical signs may be practically identical, but in broncho-pneumonia it is much more likely that a lesion, however slight, will be found on the other side. A still more difficult question to decide is, whether an existing broncho-pneumonia is simple or tubercular. In many instances the decision cannot be made, as the circumstances under which the disease occurs, the mode of onset, and the physical signs may be identical. There are many cases of broncho-pneumonia in children which time alone enables us to distinguish from tuberculosis. The existence of extensive disease at the apices or central regions is a suggestive indication, and signs of softening may be detected.

Prognosis:—Pneumoria is the most fatal of all acute diseases, killing more than diphtheria and out-ranking consumption as a cause of death. It appears to be more fatal in southern climates. The disease is more fatal in the negro than in the white race. Under one year it is more fatal than between two and five. At about sixty the death rate is very high, amounting anywhere from 60 to 80 per cent. So fatal is it in this country that one may say that to die of pneumonia is the natural end of old people.

Previous habits of life and the condition of bodily health at the time of the attack form the most important factors in the prognosis of pneumonia. Individuals debilitated from sickness or poor health, hard drinkers, who have by excesses in alcohol weakened the reserve powers, fall an easy prey to the disease. Very few cases prove fatal in robust, healthy adults.

Certain complications are particularly serious. Meningitis, endocarditis and pericarditis are extremely grave. Apart from these serious complications the fatality in pneumonia is due either to a gradual toxemia or to mechanical interference with the respiration and circulation.

Toxemia is the important prognostic feature in the disease to which, in a majority of the cases, the degree of pyrexia and the extent of consolidation are entirely subsidiary. It is not at all proportionate to the degree of lung involved. A fatal toxemia may occur with the consolidation of only a small part of one lobe. On the other hand, a patient with complete solidification of one lung may have no signs of a general infection. The question of individual resistance seems to be the most important one, and one sees even most robust-looking individuals fatally stricken within a few days.

Death from direct interference with the function of respiration is rare. It may happen in extensive double pneumonia, but even with involvement of a very large section of both lungs, recovery may take place. A very important element in the prognosis is the condition of the heart, from failure of which quite as many die as from intoxication. The heart weakness may be due either to the specific action of the poison, to the prolonged fever, or to the over-distended right chamber. All these factors may be at work together. The pulse is not always a safe guide, since it may be full and soft and not very rapid within a few hours of a fatal termination, even in cases without pronounced toxemia.

In children with the primary form of broncho-pneumonia the outlook is good, but if enfeebled by constitutional disease and prolonged fevers the disease is terribly fatal; but in cases coming on in connection with whooping cough, or after measles, recovery may take place in the most desperate cases. Thin, wiry children seem to stand broncho-pneumonia much better than fat, flabby ones.

Death takes place in pneumonia as a result of failure of the heart, whether brought about by the action of the specific toxin of the disease, or due to the gradual distension of the right ventricle, dependent upon the hepatization of the lung.

Treatment:—Pneumonia is a self-limited

disease, which can neither be aborted nor cut short by any known means at our command. Even under the most unfavorable circumstances it may terminate abruptly and naturally, without a dose of medicine having been given.

There is no specific treatment for pneumonia, and patients are more often damaged than helped by the promiscuous drugging, which is still only too prevalent. Careful hygiene of the bed and sick-room should be carried out; the room should be bright and light, letting in the sunshine, if possible, and thoroughly ventilated. Only one or two persons should be allowed in the room at a time. The patient should not be dressed too heavily, and the clothes should be so arranged that the physician can make his examinations without unnecessarily disturbing the patient. Special care should be taken to keep the mouth and gums cleansed. The patient should be sponged each day with tepid water, even when not called for on account of the high fever.

The drink should be plain water, pleasant table water, or lemonade, which should be given freely, and when the patient is delirious the water should be given at fixed intervals. The food should be liquid, consisting chiefly of milk, either alone or mixed with food prepared from some one of the cereals, and eggs either raw or soft-boiled.

Certain measures are believed to have an influence in arresting, controlling, or cutting short the disease. It is very difficult for the practitioner to arrive at satisfactory conclusions on this question in a disease so singularly variable in its course. He naturally, when on the third or fourth day the crisis occurs and convalescence sets in, is inclined to attribute the happy result to some special medication that he has employed.

The following are among the measures which may be helpful: To bleed at the very onset in robust, healthy individuals in whom the disease sets in with great intensity and high fever, is a good practice. It is beneficial in relieving the pain and the difficult breathing, also in reducing the temperature and allaying the cerebral symptoms. It should be used only in cases of the so-called sthenic type in the young, robust adult, attended with great activity of the circulation and full, tense pulse, cyanosis and embarrassment to respiration, and then only in the early part of the disease. The result of blood-letting is but the alleviation of the symptoms; it has no effect upon the course of the disease, nor does it influence the extension of the lesion.

Certain drugs are credited with the power of reducing the intensity and shortening the duration of the attack. Among them the tincture of veratrum viridi given in two to five minim doses every two hours; also tartar emetic and digitalis in proper doses.

The pain in the side, which is sometimes so agonizing, is best relieved by a quarter of a grain of morphia given hypodermically. When the pain is less intense, cold or hot applications may be tried. Cold applications applied to the side in the form of an ice bag, is one of the most convenient and serviceable. It allays the pain, reduces the fever, and makes the patient feel much more comfortable. When the pain is very distressing while coughing there is nothing better than five grain doses of Dover's powler, according to the patient's needs. Hot poultices are often preferable to cold in infants and young children. In children, when there is much dyspnea or pain, a hot, light poultice sometimes gives great relief. Counter-irritation is used occasionally, often in the form of turpentine stupes to relieve pain.

To maintain the heart's action is one of the most important indications in pneumonia. For this purpose hydrotherapy is one of the best remedies, which in pneumonia is used in several different ways. The ice bag to the affected side or to the head is very serviceable. Cold sponging is the best form of hydrotherapy to employ as a routine measure. When done limb by limb the patient is but little disturbed, and it is refreshing and beneficial. With very pronounced nervous symptoms and persistent high temperature a cold bath may be often given with excellent results. Alcohol may be used with much benefit in a majority of cases of pneumonia. In moderate doses it diminishes slightly the fever, increases the appetite and obviates the tendency to heart failure. The amount will vary with the age of the patient and with his habits. It may be given, if necessary, to the amount of twelve to sixteen ounces of whisky in twenty-four hours. An increase in the amount of alcohol is advisable when the pulse becomes small, frequent and feeble, or very compressible, and when the heart sounds begin to lose their force. It is very

beneficial to give a few ounces of good whisky in twenty-four hours to old and debilitated patients.

Strychnia is a most valuable cardiac tonic in pneumonia. It may be given in doses of one-sixtieth to one-thirtieth of a grain, or if the heart's action becomes more feeble, in still larger doses, up to 1-20 or even 1-12 of a grain, every three or four hours. It can be given either by the mouth or hypodermically. Digitalis is indicated with the earliest signs of cardiac weakness. If the heart's action becomes very rapid, or if there is a sudden onset of cardiac weakness indicated by a very quick and irregular pulse, it may be given freely, either in the form of the tincture, 15 or 20 minims every three or four hours, or digitalin hypodermically in doses of from 1-30 to 1-20 of a grain every three hours.

Nitroglycerine, in doses of 1-100 of a grain repeated every two or three hours, as indicated, is of great value, for by its use the peripheral resistance to the laboring heart is greatly lessened, and much of the strain placed upon this organ in its efforts to force the blood through the consolidated lung is removed by thus effecting the dilatation of the capillaries generally.

Other remedies of value are aromatic spirits of ammonia, carbonate of ammonia, camphor, musk and hypodermic injections of ether.

I noticed in one of the back numbers of *The Journal* that a physician in South America, I think it was, gave two 30-grain doses of quinine, one following the other in twelve hours, then following this with fifteen minim doses of the tincture of chloride of iron every three hours, with excellent results.

Saline injections have been much used and certainly do good in helping tide over a critical period of cardiac depression. As much as a quart may be allowed to run beneath the skin by gravity, using a fountain syringe and a medium-sized aspirating needle. The injection may be made in the flanks or the thighs.

We have as yet no specific which safely and surely neutralizes the poison of pneumonia. We may reasonably hope that such a remedy will be forthcoming, but in the meantime we must be content with measures which aim at keeping up the strength of the patient.

GALL-STONES, ETIOLOGY, DIAGNOSIS AND TREATMENT.

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(Read at Annual Meeting State Med. Asso. June, 1906.)

The entire subject of gall-bladder disease is beyond the scope of this paper. We shall discuss the causes of gall-stone formation, symptoms and the present status of treatment. Cholelithiasis, or gall-stones, signifies the presence of calculi in the gall bladder, the cystic, common or hepatic ducts. One adult in every ten has gall-stones, and about one-half of these, or 5% of the adult population, suffers from symptoms of the disease. The average layman can diagnose a typical case of biliary colic, but the obscure cases may not only simulate all diseases of the gastro-intestinal tract, but may produce many of them, such as acute or chronic gastritis, gastric or duodenal ulcer, intestinal colic or appendicitis, carcinoma of the stomach or neighboring viscera. Such typical cases are so often not recognized and little until recently was known of the early manifestations of the disease. Such men as Mayo Robson, Kehr, Brewer, the Mayos, Murphy and others by their untiring efforts have correctly interpreted and explained these cases to such a degree that we can to-day eliminate such vague terms as neuralgia of the stomach, neuralgia of the gall-bladder, etc. They have demonstrated that most of the cases of chronic indigestion that are not relieved by the internist can be cured by the proper surgical procedure. To-day we must learn to recognize this disease by its early manifestations, and no longer delay for such evidence as biliary colic, jaundice or a post-mortem examination; to-day cholelithiasis should receive as much consideration and as effectual treatment as appendicitis or ovarian abscess.

Etiology:—The causes of gall-stone formation have been ascribed to such conditions as advanced age, obesity and indolent habits, pregnancy and faulty methods of dressing in the female, constipation and general faulty hepatic metabolism.

Gall-stones are most often present in persons from 35 to 60 years of age, though it is well to remember that they have been found

at all ages, even in the fetus. Females are more often affected than males in about the ratio of 3—1 to 5—1, and previous pregnancy seems to be a predisposing cause. The bacterial origin of gall-stones has received much attention recently. There is a great deal of difference of opinion among authors as to the exact amount of prominence to ascribe to different causative factors. Micro-organism invasion of the gall-bladder is recognized as a necessary condition, yet there is much controversy as to how these micro-organisms reach the gall-bladder; whether by way of the portal circulation, as is strongly advocated by Lartigan and others, or by way of the intestine through the common duct. Although bacterial invasion seems necessary to the formation of gall-stones, obstruction to the outflow of bile is another factor of about equal importance. Typhoid fever, entero-colitis and other infectious conditions within the abdomen undoubtedly bear a causative relation to the formation of gall-stones, for in addition to the history of previous attacks of these diseases the micro-organisms most often present are the colon bacillus, the typhoid bacillus, bacillus pyocyaneus and staphylococci. Furthermore the micro-organisms must be of low virulence or an acute cholecystitis will develop and no gall-stones; on the other hand, no matter what the bacterium is or its degree of attenuation, it will escape and not cause the production of calculi unless there is some obstruction in the ducts. So we see that gall-stones are formed in the gall-bladder from the combined influence of these two causes producing cholesterin and bilirubin-calcium. Their development is insidious and usually without symptoms. In substance, Moynihan, after carefully tabulating the opinions of various authors, says positively that (1) the chief constituents of gall-stones, cholesterin and bilirubin-calcium are produced by sub-acute inflammation of the mucous membrane of the gall bladder; (2) that the introduction of virulent micro-organisms produces an acute cholecystitis, but no gall-stones; (3) that even the presence of attenuated cultures does not cause gall-stones to form if drainage is free from the gall-bladder; and (4) that the gall-bladder is the chief seat of the formation of stones, and not the storehouse.

Symptomatology:—Be the cause as it may, until it is thoroughly proven and a preventive or cure discovered we must satisfy ourselves with the best means at hand to detect the presence of this disease and to relieve the patient. The average age of patients seeking relief from gall-stones is about 40 years. The most usual symptoms are pain and tenderness, fever and chills, indigestion, nausea and vomiting, jaundice, changes in blood, urine and stools, and tumor formation. It must be born in mind that any one or all of the above symptoms may be present in any combination or degree of severity. It often becomes necessary to weigh them carefully in order to make a correct diagnosis and to exclude such conditions as gastric ulcer, carcinoma of gall passages or stomach, appendicitis and similar conditions.

Pain and Tenderness:—This symptom varies much in both character and location; in character from an uneasy disagreeable feeling to the extreme unbearable agony experienced in gall-stone colic; in location from the site of the gall-bladder to the epigastrium, any portion of the liver, the right sub-scapular region, shoulder and neck. There is usually present a tender point over the site of the gall-bladder, where tenderness on percussion and pressure is elicited similar to McBurney's point. The pain is usually diffused over the epigastrium, the entire hepatic area, and often referred to the right, sometimes the left, subscapular region, neck and right shoulder. When the ordinary methods of palpation fail to detect tenderness over the gall-bladder it may be discovered by firmly but gently pressing the fingers under the right costal border at the site of the gall-bladder, using sufficient force to overcome the tension of the rectus abdominis muscle which is present in these cases. In this way the fingers are pressed well up under the border of the ribs during deep expiration, then on deep inspiration the patient experiences a sharp deep-seated pain as the liver impinges upon the finger tips, and catches his breath with a characteristic jerk. This pressure symptom is typical and constant in a large proportion of cases, even during the sub-acute stages, when all other indications are absent. During the intervals or sub-acute stages there may be no pain complained of, or only an uneasiness and tenderness through the right hypochondriac region, since the pain is due to the inflam-

matory condition or the pressure of the stones with contraction of the gall-bladder or ducts.

Fever and Chills:—Accompanying an attack of gall-stone colic there is often a chill or chilliness, with an elevation of temperature from 102° to 104°, in mild attacks from 100° to 103°. After the attack is over the temperature rapidly drops to normal or subnormal and remains so. It may rise in one hour to 104° or 105°, remain so for a few hours, then as suddenly drop to normal and remain so for days or months, and again repeat the same rapid variations The rise of temperature is a manifestation of infection, and it is after the finer channels of the liver become involved or the infection more intense that the temperature assumes the remeittent type.

Indigestion, Nausea and Vomiting.—These are among the earliest and most constant manifestations of cholelithiasis. It is on this account that the stomach so often becomes the suspected member. The diagnosis of "stomach trouble" is erroneously made. The indigestion and consequent nausea and vomiting of the sub-acute stages are probably either the indirect result of the inflammation and adhesions in the immediate neighborhood of the stomach or due to the faulty composition of the bile affecting the intestinal digestion. The deadly sickness and vomiting with collapse accompanying the attacks of colic are of a reflex sympathetic nature due to the impact of the stone. The prolonged vomiting causes extreme weakness and muscular relaxation; with relaxation of the duct walls and dropping back of the stone the attack ends as suddenly as it began. In all patients suffering with repeated attacks of nausea or vomiting the possibility of gall-stones should be considered, and especially so if the attacks are independent of taking food, and resist proper dietetic treatment.

Jaundice:—We cannot depend on jaundice for a diagnosis. Murphy reports that only 14% of his cases ever had any evidence of jaundice in the course of their disease. Jaundice is a rare symptom. It is seldom present in the early stages of the disease and not always found even when the common duct is obstructed. In cholelithiasis it is caused by a stone obstructing the hepatic or common duct, or by inflammation involving these ducts. A natural sallowness may obscure the presence of jaundice, and it is also not readily recognized in artificial light. But it is important to remember that even when present jaundice does not make the diagnosis positive. It is a more constant symptom of cancerous conditions or hepatic diseases, and especially so if persistent and accompanied with progressive loss of weight and strength.

Changes in Blood, Urine and Stools:—By an examination of the blood we can determine the presence and degree of jaundice and the amount of leucocytosis.

Examination of the urine aids in determining the degree of jaundice by the amount of bile pigment present, and when the obstruction is relieved shows when the normal flow is established through the ducts.

Examination of the stools shows when the obstruction is complete, the stools being clay colored, and when the flow of bile returns they regain their natural color. Also when passed the stones can often be regained from the stools. I saw with Dr. Hoff, of Philippi, W. Va., a patient who had suffered for about eight years with symptoms of gall-stones. She was passing stones at the time, general condition very bad, aged 62 years, with every indication of profound infection. He reports that he recovered 257 stones from the stool—varying in size from that of a bird's egg to a grain of corn. She made a fair recovery.

Tumor:—A tumor is formed by dilatation of the gall bladder from stone occluding the cystic duct, or less often when a stone becomes impacted in the common duct it may dilate to an enormous size. When the duct becomes occluded the bladder or ducts may distend to the size of an orange or larger; this generally disappears, but may rupture and cause general peritonitis.

Differential Diagnosis:—All of the above symptoms or any combination of them is the picture often found with the diagnosis of "dyspepsia," "stomach trouble," or "bad liver." We must bear in mind that these symptoms are not caused by the formation of the stones, but by an attempt to expel them from their abode. Cholelithiasis is differentiated with most

difficulty from gastric ulcer, carcinoma of stomach, intestine or gall-bladder, appendicitis, disease of the right kidney, pleurisy on the right side, abscess of the liver and empyema of the gall-bladder.

In gastric or duodenal ulcer there is some connection between taking food and the attacks. No such relation is found regularly in gall-stones, the first attacks frequently occurring at night. The pressure symptom and examination of vomited matter will usually clinch the diagnosis.

In appendicitis when the appendix lies along the colon with end pointed toward the liver, or when there is much peritoneal involvement in either condition, or again when both conditions exist simultaneously it may present points that cannot be settled until the acute symptoms subside.

In diseases of the right kidney and pleurisy careful examination of the affected area, urine and attention to the cough, if present, will usually determine the true nature of the trouble.

In abscess of the liver and empyema of the gall-bladder it may be next to impossible to exclude the presence of stones. They are frequently present in these conditions. A careful history of the case with continued chills and high temperature, no colicy attacks, would be against the diagnosis of gall stones.

It is to be regretted that the X-ray is of little or no use in detecting biliary calculi.

It has not been my intention to go into detail in regard to determining the location of the stone, whether in the cystic hepatic, common duct or gall-bladder, but to mention what I consider the most useful signs and symptoms of gall-stone disease.

Treatment:—Some say that gall-stones belong to the surgeon, others that they belong to the general practitioner, but from the stand-point of possession they belong to the patient. He is entitled to know the nature of his disease and the means and possibilities of relief.

As to the medical treatment, none of us can claim knowledge of a drug that will in any way influence the passage of these calculi or aid in their dissolution. We have no solvent or remedy that exerts any specific curative action on any of the symptoms of the disease. The best we can do with medicine is to relieve the colic with morphine, and judiciously prescribe cholagogue cathartics, digestive preparations and dietetic treatment. Just as we think our efforts crowned with success we find our patient in another paroxysm. The persistent latent stage is the best that can be expected with the existence of gall-stones.

On the other hand, in cholelithiasis we have always one, and generally two, of the cardinal indications for surgical interference, namely, a foreign body always and infection in from 70 to 90 per cent of cases. I do not intend to describe any special technic of operating, but to enumerate the principal advantages and disadvantages or contra-indications to surgical interference. The general contra-indications to any surgical operation would deter one from advising a gall-stone operation, such as diabetes, nephritis, tuberculosis, advanced age (say over 60 years), myocarditis, etc.; or any other condition that would turn the balance against the patient. Furthermore, severe acute infections with gall-stones or an extreme degree of cholemia must be decided on the merits of the case, whether immediate operation or delay offers most promise.

Early operations have the following advantages:

(1) Avoid the danger of grave infections, and improvement of existing inflammatory conditions.

(2) Removal of stone before it enters common duct with dangerous consequences.

(3 Prevention of severe attacks of colic and cholecystitis.

(4) Removal of obscure dyspeptic symptoms.

(5) Removal of danger of rupture of gall-bladder.

(6) Relieves irritation in gall-bladder and reduces possibility of carcinomatous degeneration.

(7) Reduces chances of sequelae, as leaving stone behind, inflammatory adhesions and fistulae.

(8) The early operations are less difficult, safer and more quickly performed.

Be assured, gentlemen, that today gall-

stone surgery is as well established on scientific principles as any field in the domain of medicine or surgery; many thousands of lives are being saved that otherwise would be lost or doomed to misery and suffering. Let us do our part to master the difficulties of diagnosis in these cases, and reduce the number of the many more thousands of lives that are being lost as consequences of gall-stones.

PREJUDICE.

C. H. Maxwell, M. D., Morgantown, West Virginia.

(Concluded from December No.)

There is a tendency of recent years to cast aside a medical work or treatise if it is more than a dozen years old. This may be commendable, but the tendency is pernicious, but I believe, ephemeral. If a work were founded on facts and the treatment good ten years ago it is good to-day. There is no reason why the human system would not respond to the same agencies now as it did a hundred or a thousand years ago.

There is the same disposition to take up the recent drugs if they are "made in Germany" and pass by the old homely, everyday, tried and true drugs that we have used all our lives. Many of the new preparations are the old remedies in disguise. Recently a drug drummer came into my office and wanted to sell me a remedy that he said was the latest and best thing out. I noticed the formula and went to my library and got a book that was copyrighted in 1825 and showed him his new formula!

There is another custom that has been in existence for a good while, and that is to make the rich man pay the poor man's doctor bills. Has a rich man to be bled because he is rich? Is it right to charge Mr. Jones fifty dollars for a five dollar service, simply because he is rich? It is no doubt proper to charge a rich man more than a poor man, and he is able to pay more and is willing to pay more and ought to pay more, but is it right to dig him? When we dig the rich man to even up our inability to get a living out of the poor man, we are forgetting that the rich man has to pay taxes for the very purpose of helping the poor man get along.

Another tendency worse than the one I have just spoken of is to try to get the county to pay every bill that the patient may not be able to meet at once. This is a pauperizing tendency and is the leaven that will grow and grow till the present vast army will be mightily increased of those who are taught to depend on the public for support in times of distress, even though the distress is brought about by their own lack of thrift. The number of people is increasing who never get ahead in the world. They earn good wages, but as soon as sickness comes or works shut down they do not have a dollar ahead and are forced to depend on their thrifty friends or on the public for support. This is a point the doctors have a better opportunity to combat than any other class.

"I would rather my patient would die under my treatment than for him to live by calling in a homeopath." This was said to have been said not many years ago by a teacher in one of the largest medical schools in the country. Whether it was ever said or not, it has its exemplification in almost every community. Some of us are so narrow and full of self-esteem that we fail to see the necessity of consultation and refuse to call in assistance when assistance would be of inestimable value to the patient.

By the way, if we could get a little better acquainted with the homeopaths and eclectics it would take some of the prejudice out of us. We are prone to forget that they are as thoroughly trained in all the branches of the medical science as we are, and only in materia medica and therapeutics do they differ from us. A great deal of their teaching may seem to us foolishness, but we must admit that side by side of us they have as good a practice, as cultured a clientele and a better income. Why is it? They have taught us many things and introduced and taught us how to use some of our most useful remedies, and have demonstrated that smaller doses rightly applied will produce as good results as the maximum doses. The homeopath's rule for giving remedies is one that we all ought to follow, and one that the homeopaths have not been understood or given credit for, viz: "Give the drug in the smallest dose that will produce the required results." If you notice they are not limited to an infinitesimal dose but give the doses big enough to get results.

That is what we all look for, and we have failed sometimes in accomplishing our aims by not following out our line far enough.

I remember a case of cerebro-spinal fever in a child that I was attending. I put it on a line of treatment and was pushing it as far as I thought I dared. The child got worse and they came after me. I was out. A homeopath occupied a cell next to mine, and they asked him to see the child in my absence. He saw the child, and prescribed the identical treatment that I was giving, but gave fully double the amount. He ordered them to keep up my treatment and ordered his to be given midway between my doses. When I saw the child a few hours later it was decidedly better. The homeopath was not afraid of his medicine, and the child got at least three times the maximum dose as laid down in the books—but it got well.

When I first commenced practicing medicine there was a young doctor came into my office, and, like most medical men he looked over what few books I had. Instead of taking up some of the standard regular works he took up an eclectic work on diseases of children. He remarked: "I like to get hold of these odd works. One can always get new ideas and see things in the light of the other schools." This young man was looking for something that would broaden his views and benefit his patient. He was not so narrow that he could not look at a subject from all sides. He no doubt is still trying to improve his judgment and skill and is becoming one of the noted men of our state. He is now the secretary of the West Virginia State Medical Association.

The rapidly multiplying supply of nurses is adding a great "right bower" to the medical practitioner. The trained nurse is certainly one of the greatest aids the busy practitioner has. Yet they usurp the place in many a sick room of a loving mother or sister or neighbor, and we are introducing into our body politic an element that will gradually undetermine the self-reliance and ability of the home-makers to look out for their sick. That element of ability to properly care for ordinary illnesses will gradually decline, until the time will come when the father and mother will have to depend on the nurse to take care of the baby when it is colicky or measley or even hungry, for isn't there already a demand for the wet nurse? But this only marks another line of departure from the old rule of the complete domestic cycle, where everything was done in the family by the family for the family. We cannot stay the progress if we should desire, and we do not care to. Yet with all our modern education and training, I believe there should be a wider dissemination of the main features of nursing among the masses of girls.

"Pneumonia is absolutely uninfluenced by drugs." I believe that this nihilistic teaching of Osler has had a most pernicious and far reaching effect on the treatment of pneumonia. Thousands of young physicians have been turned out of medical schools with this doctrine of Osler more or less ground into their minds, and have let this ultra-conservative teaching influence them in their application of drug medication in pneumonia until the death rate is greater now perhaps than ever before, even with the promiscuous and heroic treatment of former times. There is no doubt that the pendulum has swung too far in swinging from the huge doses and polypharmacy of former times, and is approaching too near the Christian Science doctrine. "No treatment" may be good enough in some diseases, but pneumonia is not one of them. It is the one disease that I believe can be modified if seen early and the proper remedies applied, Osler to the contrary notwithstanding.

There is one remedy that should be thoroughly studied that the profession in general is not acquainted with. This is the Black Sampson of the western plains—echinacea angustifolia. Osler says: "We are still without an agent that can counteract the gradual influence of the poisons which develop in the course of acute febrile diseases, such as typhoid, pneumonia, and diphtheria, the chief effect of which is exercised upon the circulation, increasing the rapidity of the pulse and inducing progressive heart failure." This probably was true. But I believe we have in echinacea a remedy that fills this need in a pre-eminent manner. I believe it is as much a specific in blood depravity caused by febrile process as is quinine in malaria or mercury in syphilis. It is truly a wonderful remedy along that line, and has never failed me in a single instance when I have been able to give it a fair trial. It is not a cure-all, but

it is probably the most useful remedy introduced to the profession since diphtheria antitoxin.

I said recently before the Monongalia Medical Society: "This is my main dependence in treating pneumonia. I find that if the patient is not overwhelmed with the toxins of the disease, in four or five days he will get well." We are loath to drop old remedies, or we would take up this newer one and apply it to the treatment of all infective diseases. It seems to neutralize the toxins of bacteria, and as readily stops the blood disintegration from venomous reptile bites. Indeed this is how the remedy became known to the medical profession. A young doctor on the frontier of Nebraska noticed the Indians using it as an antidote to rattlesnake bite, and thus became interested in its study and introduced it to the medical profession. It well deserves the closest study and widest use. It is not a cure-all, but there are few diseases in which it is not beneficial. It has no equal as an all-round blood purifier and alterative.

I have been striking at some weak places in our ranks, and have dwelt a little on the side of pessimism. But we must acknowledge our weaknesses and strengthen them. And there is another picture. There is another side to the life of the physician, and the light which falls on that side reveals traits of character of which the world in general, and particularly the world of wealth, knows little. No profession, no class of men, be they rich or poor, gives more to charity than the physician. He gives in a practical way. He bestows where it will do the most good, and he gives with no hope of pecuniary reward, no prospect of praise, and often with little expectation of receiving so much as the gratitude of those whom he succors and saves without money and without price.

The physician who rides at night through darkness and storm to the bedside of the pauper, knowing that it is a work of humanity, can understand what I mean when I say that the doctor gives more than any other man to charity. The millionaire gives money to build colleges; those who are wealthy contribute of their abundance to send missionaries to foreign lands; but the doctor gives the best that life contains to the cause of charity. He asks no questions about politics, or church, or religion, or color, or station, or crime, or righteousness; but where he is needed he goes, and he administers to the feeble body of the octogenarian, or to the fever-burned brow of the child. He asks no questions. Humanity needs him and he responds.

If charity should ever cover a multitude of sins, it ought to do so with the physician. If sometimes he seems to take too much from the rich, he emulates the Thracian soldier, and gives it to the poor. He sees every side of life, from the luxury and ease of the opulent to the penury and suffering of the lowly. If he deals with the one in strict accordance with business, he smooths the path and makes the burden light for the other. Those who would pass judgment upon him should not be hasty in fault-finding and condemnation, but should see both sides, and all sides of his life; should not be satisfied with a survey of what is highest, but should go with him through the dark valley and the shadow of suffering and want and take account of things which the busy world knows little of, but the every path of which is familiar to the physician's feet.

STRICTURE OF MALE URETHRA—SUGGESTIONS AS TO SURGICAL TREATMENT.

H. B. Stout, M. D., Parkersburg, W. Va.

(Read at meeting of State Med. Asso. June, 1906.)

There is no one thing to my mind that causes more annoyance and discomfort to the patient than strictures of the urethra, whether they be due to traumatism or to inflammatory action, the result of gonorrhoea.

We may have a complete stricture due to trauma, and in cases of this kind we generally get a history of a former injury. And the cases are treated in the same way as stricture due to gonorrhoea, the treatment of which I will refer to later.

In strictures of the urethra as a result of gonorrhoea, the cause of the narrowing of the canal in the minds of the majority of physicians, is that it is due to the injection of some strong astringent into the canal, thereby causing a band of scar tissue to be formed within the tube, lessening its caliber and forming a so-called

stricture. This, perhaps, may be the cause in a majority of cases, but we also find cases with a pronounced stricture that have never used an injection. Still they have the stricture, and not due to external injury, but to inflammatory processes arising from the action of the gonococci in the peri-urethral tissue.

But we sometimes see other patients that have had the disease repeatedly and yet are free from strictures. Now I believe we all agree that the majority of strictures in the male urethra are caused by the gonococci attacking the mucous membrane of the urethra at a given point, and, if I mistake not, the profession generally believes that the obstruction, growth or bands that form the stricture are within the canal proper. Now I am not a pathologist, and can only give facts found on observation. I do not believe that you will find any obstruction or growth in the urethra proper in cases of several months standing. When the gonococcus attacks the mucous membrane at a given point it causes a so-called inflammation which is nothing more or less than an increased blood supply to the point involved. The leucocytes form a so-called army to prevent the enemy (gonococci) from invading the connective tissue and surrounding structure. The gonococci being in many cases the more powerful army, they find their way through the mucous membrane into the connective tissue. There is where they pitch their tents and form permanent headquarters, and it is within the connective tissue and accelerator urinae muscle that you will find your stricture and not in the urethra at all, or at least that has been my experience in the limited number of cases which I have had the opportunity of operating.

About three years ago I operated on my first case of stricture. Mr. H., aged 56, came to my office about 8 o'clock in the evening, suffering from retention of urine, which was caused by drinking a few glasses of beer during the day. History of case as follows: Had gonorrhoea, twenty years ago, followed by a stricture at the peno-scrotal junction, which he said had caused him some trouble at times ever since, especially when he would indulge in alcoholic stimulants, but at no time could he urinate freely, the stream being very much reduced in size. Upon examination I found the bladder very much distended. On passing a sound I found a complete stricture, closing the canal so completely that I could not pass a filiform bougie, using three at a time. I injected a 4 per cent solution of cocaine into the urethra and tried to pass the filiforms, but without success. I then had him removed to the hospital and prepared for an operation. After he was anaesthetized I used the sound again but failed. I then passed a medium sized sound down to the stricture, using it as a guide, made an incision through the skin and accelerator urinae muscle, down to and through the urethra. I found a growth about one inch and a quarter long on the inferior and lateral sides of the urethra, which I dissected away. There was nothing in the urethra and no signs of any former lesions. I then passed the sound into the bladder and found no other obstruction. I passed a sterile, soft rubber catheter and closed the urethra with twenty day catgut, continuous suture, fastening the catheter and leaving it in. I irrigated the bladder with boracic acid and salicylate of soda, until the discharge ceased. In about five days I had a urinary fistula formed and the urine would pass through my incision in one place. In three weeks from the time of the operation the fistula was healed, and four weeks from the day of the operation he left the hospital, cured, and has not had any trouble since; can urinate as large a stream as he ever could.

I operated on a few other cases, using the same method, external urethrotomy, with like results. Now, in each of these cases I found nothing in the urethra, so I decided in the next case I would not open the urethra; i. e., not do a urethrotomy at all. In describing this operation I wish to make plain that I do not do an external urethrotomy, but that I cut down to the adventitious or fibrous tissue external to the urethra, which tissue by contraction has caused the stricture, and carefully dissect it from the urethra without entering it, and thereby restore its caliber; the new wound healing by first

intention without subsequent contraction upon the urethra.

The case which I now describe was that of a young man, 26 years of age, who had contracted syphilis about three years ago, and several months later also contracted gonorrhoea, and as a result of his gonorrhoea he had three separate and distinct strictures, from just behind the glans penis to the peno-scrotal junction, which could easily be palpated from without. After being prepared and anaesthetized, a sound was passed into the urethra to the first stricture. My incision was made in the median raphe, through the skin and accelerator urinae muscle. With the point of a sound resting within the urthra at point of stricture, I incised the fibrous bands without the urethra, using great care not to enter it. I was then able to pass sound on beyond seat of stricture. Using it as a guide I carefully dissected away all the fibrous tissue with blunt scissors, not injuring the mucous membrane at all; then treated other strictures in the same way. After the band was removed there was no obstruction to passage of sound into the bladder. The wound was closed by a catgut, continuous suture. I washed out the bladder next morning, the patient urinated from that time on, and in seven days the wound was entirely healed and the patient left the hospital cured. On several occasions I passed a sound to see if there was any narrowing of the canal, which I found to be all right and has remained so to the present time, it now having been fifteen months since the operation. I reported this case to the Editor of the Journal of the American Medical Association, as a new operation for stricture of the urethra, applicable to all strictures. He did not publish it, writing that the operation had been advised and performed a long time ago by Guyon. But I find in Morrow's System of Genito-Urinary Surgery, page 324, 325, a description of excision with transplantation of mucous membrane advised by Wolfler and used by Guyon and others, which is an entirely different operation, being an excision of the strictured urethra with grafting of the granulating surface with mucous membrane dissected in his cases from prolapsed uterus or other sources. Mayo Robson excised the stricture section of the urethra and did an anastomosis of the ends of the divided urethra, thus closing the gap. Keyes excised the traumatic stricture and implanted a portion of the inner layer of the prepuce. These are all operations of a plastic nature. I perhaps did not make myself plain in describing my operation; you can readily see the difference between these and my operation. I believe that it will apply to well organized strictures in the membranous as well as the bulbous portion of the urethra. We may have spasmodic strictures of the urethra in the later stages of gonorrhoea. There being an inflamed area, this being irritated, a spasm takes place. In these cases the use of the sound is beneficial and overcomes the spasm which may not recur, but in a well organized stricture a sound does more harm than good, for you simply stir up the urethra, cause it to become irritated, and do not do any good towards relieving your trouble. Now as for operating on strictures by the use of the urethrotome, cutting the urethra on anterior or upper inside; I do not believe it is the right thing to do at all. Why? Because you have cut through the healthy part of the urethra, and when you pass your sounds the incision will allow it to expand for a time, but it will gradually contract, and in time it is back in the same old condition, and perhaps worse by having additional injury caused by the operation.

Some gentleman in New York invented an instrument for the relief of strictures. By passing it into the urethra, locating the stricture and dilating until you have burst the bands from around the urethra by means of a thumb screw at the end. Now this may be all right, but suppose you rupture the urethra and cause a hemorrhage and urine to extravasate into the corpus spongiosum. You may have a fistulous opening formed and also something by far more serious to the patient may follow and that is loss of erectile power which I assure you your patient would not thank you for. Now, my fellow members, the operation I have just described is as simple and as easy as a circumcision. Try it when you

have a suitable case and I am confident after having once performed it you will not use any other method, and I know that your patient will sing your praises to the end.

RUPTURE OF THE INTESTINE--REPORT OF CASES.

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Superintendent and Surgeon-in-Charge
Davis Memorial Hospital.

(Read at State Med. Asso. June, 1906.)

From a recent contribution on this subject by Campbell, of Montreal (Annals of Surgery, Nov., 1905), it appears that up to 1890 the number of cases of intestinal rupture which has been treated surgically was very small as far as literature could show, and of such as have been thus treated few, if any, reported recoveries are to be found. Since that time, however, a fairly good number of operations for this condition have been reported, and of this number a few recovered. For the period from 1894 to 1904 Campbell's search shows twelve recoveries reported in English and American literature, eleven in the French and nine in the German. As to the percentage of recoveries following operation the figures given vary with different reporters, from 9 per cent by Campbell to 42 by Gage.

Speaking generally this condition is not frequent. Out of about 13,000 surgical admissions of the Montreal General Hospital, covering a period of ten years, and representing a large emergency service, there were only eight cases of intestinal rupture. My own experience, the basis of this report, would lead us to believe that this form of injury is rather frequent in localities where there are extensive public works of a character to expose the men to accidents in which traumatism by squeezing frequently occurs. In a little less than five months two cases of this kind came under my care. The lumbering and coal mining industries of this state probably produce a large number of these cases. Unless the surgeon is on his watch for these cases their early symptoms are very apt to mislead him, causing him to delay operation till a fatal peritonitis is well under way. It is this last thought which has prompted me to occupy a few minutes of your time in listening to a report of the following two cases:

Case I. H. S., aged 25, a native of this state, brakeman on a log train. Nov. 16, at 5 o'clock p. m., while engaged in unloading a carload of logs which stood at the upper end of the log dock and directing them into the pond at the lower end of it, one of the logs became unmanageable and threatened to land upon him. To escape it he jumped from the log dock, aiming to land on a pile of logs floating in the pond below. This he missed and instead he landed into the pond right against this pile of logs. At the same instant the log from which he was trying to escape reached him with great force, striking him in the back and driving him against the logs in front of him. This log came down from a height of about 20 feet. He managed to disengage himself from between the logs and walked to the edge of the pond, a distance of about six feet, where he was pulled out by his fellow workmen. On attempting then to walk he fell and complained of severe pain in the abdomen. He was placed in the car of a train which happened to pass by just then and transported to the Davis Memorial hospital, about 40 miles distant. The physician who accompanied him gave him one-half grain of morphine hypodermically while in transportation. He reached the hospital at about 7:30 p. m.

An examination showed the entire absence of any mark of external injury. The abdomen was not distended and the area of liver dullness was normal. There was some dullness of the hypogastric region. The abdominal wall was extremely rigid and he complained bitterly of intense pain all over the abdomen. The urine was free from blood. The passage of a rectal tube gave no result. There was no vomiting. Facial expression was that of great suffering. Temperature about normal, pulse 104 and of good quality.

He was placed on the operating table at 10 p. m. A medium incision through the umbilical region showed the following: The omentum was torn longitudinally in two for its entire lower half. The small intestine, probably about its middle, was torn completely in two. The mesentery for about six inches was torn away from the lowermost end of the ileum. The inner layer of the meso-caecum was torn off the caecum, and the meso-appendix was torn off the appendix except at its very tip. There was a good deal of blood in the abdomen and pelvis, and active bleeding from the mesentery was still going on. The amount of fecal escape was small, being limited to a slight soiling of the immediate vicinity of the torn knuckle of intestine.

The ends of the ruptured gut were approximated by a Murphy button and reinforced by a modified Lembert suture of silk. The omentum was repaired and the

mesenteric folds were sutured back on to a narrow frill of the same, which remained attached to the ileum and caecum. The appendix and its mesentery were removed. All bleeding was stopped and abdomen freely flushed with salt sol. A large glass drain was placed in the pelvis and the greater part of the wound closed.

The shock during and for some hours following the operation was great, necessitating intravenous infusions and the other usual measures. When returned to his bed, at about 12:30 his pulse rate was 166 and respirations 54.

November 17, at 6 a. m., within seven hours of the completion of the operation, he passed some flatus spontaneously. At 9 a. m., temp. 99, pulse 126 and resp. 28.

November 19, at 9 a. m., temp. 100, pulse 100 and resp. 24. At 12 he had a small bowel movement of fecal matter following an enema, that is 36 hours after the operation.

November 20, temp. 98.6, pulse 80 and resp. 24.

November 22. As there was nothing but clear serum found in the drain it was removed on that day and the wound entirely closed.

From this time on his complete recovery was uninterrupted and the outside wound closed by first intention. After a sharp diarrhoea of 12 hours duration he passed out the button on December 26 last, that is on the forty-first day. He has remained well and has been at work since.

Case II. W. M. G., a native of this state, teamster. April 12 last, at 2 p. m., while following on the lower side of a hill alongside of several logs dragged by his team, one of the logs rolled down on him, striking him over the left gluteal region and driving him against a stump, the latter impinging against his left iliac region. He was admitted to the Davis Memorial Hospital at about 7:30 p. m. I have not been able to learn whether morphine was given him before his admission, but in all probability this was the case.

A very superficial skin abrasion was found over his left hip. There was no marked distension of the abdomen. The area of liver dulness was reduced to about one-half. Urine free from blood. The passage of a rectal tube gave no escape to feces or flatus, but on removing it the end was found soiled with some mucus and blood. The abdominal wall was rigid, but not extremely so. Pain was present, but not to an extreme degree. No vomiting. Temp. 100.4, pulse 80 and respiration 20. At 12 midnight the temp. was 99.4, pulse 76 and resp. 32. By that time his pain increased considerably and the rigidity of the abdominal wall became extreme.

He was placed on the operating table at midnight. On opening the abdomen considerable gas escaped and the peritoneal cavity was found full of intestinal contents. A tear about large enough to admit the little finger was found in the ileum, probably about six inches from the caecum. There was no other structural damage and no blood. A general and advanced peritonitis was present. The tear was closed with a purse-string suture and the abdominal cavity freely flushed out with salt sol. The removal of a large number of tomato seeds was particularly troublesome, necessitating some evisceration. Drainage was provided as in the preceding case. At 1:30 next day he passed flatus, but died at 6 p. m. from peritonitis.

There were several points which seem to be of particular interest in these cases. It is accepted as generally true that when a rupture of intestines takes place it does so in the portions of it where its mobility is restricted on account of a short mesentery. In Case I the rupture took place at a point where the intestine is usually quite mobile, and in this case the mesentery at this point was abnormally long, affording great ease in isolating it from the gut while making the anastomosis. On the other hand, as far as the tearing of the mesentery is concerned it followed the rule. The tearing of the omentum is unusual. Although much more extensively injured than Case II, recovery followed. There are two factors in this case which are to be credited with much for this result. One, the fact that circumstances favored an early operation, and the other the fact that the injury occurred four or five hours after a meal, that is at a time when the alimentary tube is the least filled. The suturing back of the mesentery to the narrow frill which was left attached to the gut gave me some misgivings at the time, fearing that the cir-

culation would not be restored sufficiently to keep the corresponding portions of gut from dying, and more especially in reference to the ileum. By the time this part of the operation was reached the patient's condition was such as to make a resection out of the question, and I took chances on a procedure which some of you may possibly be disposed to consider as irregular. The amount of damage in Case II was very much less, and yet it resulted in an early death. The occurrence of the injury close to a meal and the delay in bringing the patient to the hospital were no doubt the main factors in producing the fatal issue in this case.

Were I asked what particular symptoms are to guide one in the diagnosis of such conditions, I would emphasize rigidity and pain. Given a case in which an injury to the abdomen occurred which is *liable* to produce rupture of the intestine, and the abdominal wall is found rigid and the patient is suffering from pain in that region, one should not hesitate to operate even in the absence of all other symptoms. In these two cases the absence of any result following the passage of the rectal tube lent some strength to the diagnosis at the time. However, in the case of a large typhoid perforation I have seen a large stool to follow a simple enema.

THE ETHICS OF THE MEDICAL SPECIALIST.

And His Assumption of Ignorance of the General Practitioner.

T. W. Moore, M. D., Huntington, W. Va.

(Read at meeting of State Med. Asso., June, 1906.)

When I was requested to prepare a paper on this subject I hesitated before accepting, doubting my ability to handle so formidable a topic in an interesting manner.

I am aware that there is a sentiment among a great number of physicians that the medical specialist is allowed many liberties in the way of advertising that are not considered ethical in the general practitioner. That this is wrong, no one can doubt who will read the code of ethics of the A. M. A. The specialist is governed by the same law that rules the other members of the profession, whether he be gynecologist, ophthalmologist, pediatrist, electrotherapeutist, or a follower of any of the other legitimate specialties; and if he has received a diploma from any of the reputable medical colleges, he is expected to observe and obey the Hippocratic Oath, which is the foundation of the medical ethics of today, and has been classified as "that most memorable human document."

A great many patients are referred to specialists by physicians with whom they have no acquaintance, and the case may be sent back to the family physician with a letter stating the diagnosis and treatment; in fact there has been a consultation, yet this practitioner may be in every sense unethical. I have sometimes wondered if the consultant could do otherwise than treat the patient, even if he knew that the standing of his "home doctor" was not what it should be.

Personally I think not, and yet this same argument carried a step farther permits consultation among all classes of men, and this means meeting them upon the grounds of equality.

I do not think that they have a written code in European countries, but sixty years ago the medical profession of America felt the need of a standard of conduct, and the present one was adopted, and is still accepted, although a more liberal interpretation is now permitted.

At that time, in the fifties, any one practiced medicine who so desired, regardless of what his educational fitness might be. It was necessary that some standard be established and maintained. I believe that the code is still useful, although it is the cause of much bickering. If we could but adopt Osler's teachings when he says: "The hardest lesson of all to learn is that the law of the higher life is only fulfilled by love, i. e., charity." Many a physician whose work is in a daily round of beneficence will say hard things and think hard things of a colleague. No sin is so besetting as uncharitableness towards your brother practitioner. So strong is the personal element in the practice of medicine, and so many are the wagging tongues in every parish, that evil-speaking, lying and slandering find a shining mark in the lapses and mistakes which are inevitable in our work. There is

no reason for discord and disagreement, and the only way to avoid trouble is to have two plain rules. From the day you begin practice never under any circumstances listen to a tale told to the detriment of a brother practitioner. And when any dispute or trouble does arise, go frankly, ere sunset, and talk the matter over, in which way you may gain a brother and a friend. Very easy to carry out, you may think! Far from it; there is no harder battle to fight. Theoretically there seems to be no difficulty, but when the concrete wound is rankling, and after Mrs. Jones has rubbed it in with cayenne pepper by declaring that Dr. J. told her in confidence of your shocking bungling, your attitude of mind is that you would rather see him in purgatory than make advances towards reconciliation. Wait until the day of your trial comes and then remember my words. If we could adopt this spirit there would be no need for a code, for this embraces all that is ethical in the highest degree.

Another evil that has been winked at is paying a percentage to the practitioner who refers cases to the specialist. Often there must be a division of labor, and in such cases all the physicians should be paid, each according to his labor; but a physician refers a case to one who is better equipped for treating this particular ailment, for the good of the patient, and for the one who does the work to pay a commission to the man who has only done his duty to his patient is wrong from every standpoint. The patient must pay, and any rebate given to the family physician will be added to the fee charged by the specialist, and if nothing more, the patient is being deceived. Aside from this, arrangements of this kind are necessarily fraught with misunderstandings and are sure sooner or later to engender ill feeling.

The specialist is, practically speaking, an evolution of the last three decades. Prior to this time there were only a very few surgeons in this country who did not treat all medical cases that came to them, notwithstanding there were any number of men who had manifested special skill along certain lines. This was the time when the student in our medical colleges listened to the same lectures, jokes and all, for two terms of five months each. Necessarily a great many men entered the medical profession very imperfectly trained. The men who took up special work had from six months to four or five years additional training; they had trained their powers of observation and were accustomed to dealing with instruments of precision. They began their work with an equipment in dexterity and mental acumen that the men who, with no, or very little, preliminary training, and only the old two years in medicine, could neither understand nor appreciate. Is it surprising that a number of these specially trained men developed an arrogant manner?

In diseases of the eye one need not be told to remember when the elder Gross told his students that he gave them all that it was necessary to know on that subject in two lectures of one hour each.

We all have some amusing experiences; one that occurs to me now is particularly so: A younger practitioner telephoned, "Doctor, I am sending a man to you with an eye midway between glaucoma and iritis." I must confess that I was puzzled, and after thinking it over concluded that it must be a normal eye. I found a very small corneal ulcer.

Every ophthalmologist sees numerous cases where atropine has been instilled into an eye that is glaucomatous, resulting in its complete destruction and with great suffering to the patient; and only less far-reaching in its consequence is the failure to use this medicament in cases of acute iritis. This form of carelessness or lack of a little knowledge causes permanent injury of the very worst kind.

Incidents like these foster the assumption that the general practitioner is either ignorant or careless, although this spirit is much less frequently manifested than the title of my paper apparently presumes. The large majority of men doing special work have been general practitioners, and whilst the constant pursuit of one line of work must produce a greater degree of proficiency, I have met none who claimed infallibilty.

I have found in the majority of cases the general practitioner either correct in his diagnosis, or frankly admitting that he knew nothing of ophthalmology, and that he was trying to send the patient to some one who did.

From the men who are entering the med-

ical profession today, with the excellent training essential to their degree, we must expect greater ability in differentiating serious from trivial cases, and with the confidence born of knowledge they will act when emergencies arise, with the result that only diseases requiring special appliances or extraordinary skill for their treatment will be referred to a brother practitioner. This will deter men from taking up specialties who have not had the preliminary training, as well as superior opportunities in their chosen fields. It will then be "that he shall choose the branch of knowledge to which his own mind most distinctly inclines, and in which he takes the greatest delight."

TYPHOID FEVER AT DAVIS MEMORIAL HOSPITAL.

T. Jud McBee, M. D. Elkins, W. Va.

Following is a short report of thirty-two cases of typhoid fever treated at the above named hospital from June 1st to December 31st, 1905.

Mention will be made of the common symptoms and their frequency, tests peculiar to typhoid fever and number of cases present. Prominent and exceptional symptoms, complications and relapses will be spoken of. As the above is much more interesting to each of us than the treatment, and to make the paper brief, no mention will be made of the treatment.

Number of cases admitted 32; male, 28; female, 4; average age, 24 years; above 40 years, 3; above 30 years, 8; youngest, 6 years. Day of disease which they had reached when admitted, fifth to fourteenth day, with the exception of two cases admitted after they had been in bed some days and received treatment.

Early symptoms: General malaise present in all cases. In four cases head-ache was severe, and in one of these four it persisted for about three weeks.

Epistaxis was present in eight cases. Four cases had nose bleed occasionally through the attack, but not severe enough to be a complication, and required nothing but palliative treatment.

Initial bronchitis was present in eight cases. Initial bronchitis may have been present in more, but no history could be gotten of it on admission. In four cases bronchitis was severe, and in one case persisted with muco-purulent and bloody expectoration until the end. This patient, a female, occasionally had chills. Lungs were examined frequently and were relatively clear each time on auscultation and percussion. Sputum was examined several times for tubercle bacilli but the result was negative.

History of diarrhoea was gotten in seven cases as an early symptom. In the remaining cases the bowels were irregular as an early symptom; but in no case was constipation a marked feature. In two of these seven cases diarrhoea was an annoying symptom through most of the course.

Ehrlich's Diazo-reaction was present in seventeen cases, but disappeared at end of second week. This reaction may have been present in more cases before they were admitted.

Febrile albuminuria was present in three cases.

Retention of urine was present in three cases, but only a short time. Spleen enlarged in most all cases, in some as early as the fifth day.

Pulse, of course, varied in each case. It was dicrotic in twenty cases. In some it was dicrotic as early as the seventh day; in some not until the last week, and in a number this condition was present through the entire course. A few cases had a very weak, irregular pulse with poor tension. Only four cases had a pulse of 100 that continued so for any length of time.

Moderate abdominal distension was present in 21 cases. Meteorism was a distressing symptom in two cases, but this only lasted about three days.

Abdominal tenderness was present at some time in the disease, and gurgling was present in most cases, and chiefly on the right side. In no case was the abdomen rigid.

Hiccough was present in two cases, continuing about twenty-four hours.

Hemorrhage from bowels was present in two cases. Stains of blood were found in stools of two others. One of these last two patients called for bed pan at 7 p. m. and passed about eight ounces of blood. No more signs of hemorrhage were seen. The other unfortunate patient had a hemorrhage on the twenty-first day of the disease. Following this he had one or two

small hemorrhages each day for six days. No blood was passed for eight days. Hemorrhage began again on the thirty-fifth day of the disease, and the patient only lasted about fifty-two hours.

Rose spots were present in eighteen cases. I desire to call particular attention to this statement, and the reason I do so is, that I have heard many times that rose spots were not to be found in typhoid fever in this part of the country. In three of these cases the spots were profuse and remained so for about two weeks, but changed in successive crops. In these three cases they were present on chest, abdomen, back, arms and thighs. By careful watching they were found to appear on the back about twenty-four hours before they were seen elsewhere. In all cases in which they were found they first appeared between the eighth and twelfth days.

Widal reaction was made in nine cases, and was postive in five.

A leucocyte count was made in fifteen of these thirty-two cases. In some of the most interesting cases several different counts were made. The count varied from 4,000 to 14,000 per c. m.

At some period during the disease the so-called "pea soup stools" of typhoid fever were present in twenty-two cases. Tongue was coated in all cases, but nothing out of the ordinary, except in two patients the tongue and lips became dry, red, fissured and sore, and sordes appeared on teeth.

Insomnia was present in six cases. Delirium was present in five cases. Tinnitus and deafness were present in one case. These could not be accounted for.

The tender toes and ears that Dr. Osler speaks of were present in one case.

High temperature, not controlled by cold, baths was present in one case. Desquamation all over body and extremities in one case. Convalescence was long in five cases.

Duration of the cases varied from three to eight weeks.

Complications: Furuncles were present in five cases; and in one case they were severe. Hepatitis was present in one case, and lasted about five days. Phlebitis of left femoral vein one case. Hemorrhage of bowels one, fatal case. Post-typhoid insanity one, fatal case. Relapses, two cases. Mortality, 6¼ per cent.

Selections

THE STATUS OF MEDICINE IN THE CURE OF CHRONIC NEPHRITIS.

G. Shearman Peterkin, M. D., Seattle, Wash.

Cures are claimed surgically through (1) Decapsulation—Edebohls, G. M. (2) Lavage of the renal pelves—Ayres, Winfield.

Medicinally, through

1. Altering the proteid constituents of the blood and thus preventing nephrolysins, by a diet wholly vegetable, excepting butter and cream, the latter being limited to 500 gm. per diem.—Vaughn, Victor C.

2. Dechlorination, prohibiting the ingestion of salt, deduced from the observation that in the increased weight and edema of nephritis there was a corresponding increase in retention of the chlorides.—Widal, Lemierre, Javal.

3. Rest, at least one hour after meals, and in the interdiction of the erect position for a prolonged period. Treatment the result of demonstrations that the function, in healthy kidneys, is interfered with by the erect position.—Lenoisser and Lemaine.

4. Controlling the toxic elements in the blood and alimentary canal produced by bacteric action upon the intestinal contents and the animal economy, through therapeutics and dietetics, formulated upon advanced chemico-physiology and pathology.—Porter, Wm., H., New York.

5. Resting the kidneys by a system of dietetics based upon the excretory powers of the kidneys, giving those foods whose chemical constituents are easy, and prohibiting those difficult of excretion.—von Noorden.

6. Constitutional treatment—that is, medical, climatic and dietetic, in which dietetics play an inconspicuous part. Among its advocates, Osler's advice as to dietetics, in both parenchymatous and interstitial nephritis, takes up six lines. Delafield gives even less, stating that in interstitial nephritis, the quantity of sugar and starch taken should be restricted and the ingestion of fats encouraged; the use of wines, spirits and tobacco discontinued. While Hare prefaces his remarks, and says that even at the risk of

being considered iconoclastic, in chronic parenchymatous nephritis he would advise, in most cases, "a generous diet which does not strain the digestive and eliminative organs."

Looking at the dietetic lists for nephritis of others prominent in the profession, we find Senator prohibiting eggs, Oertel and others giving eggs; Bouchard condemning fish, Pel and Klempera advising fish; the French recommending an exclusive milk diet and von Noorden and Osler condemning it. Yet all these authorities claim cures, and by methods that are based upon divergent principles. That their claims are statements of facts, their position and character will not permit us to deny. But the question at once arises, would the patients cured have recovered without treatment, or was their recovery due to treatment? In order to have a working hypothesis, we must admit the latter. Still, if this be true, how are these various forms of treatment reconciled with one another? By a little phrase, which every one of us has heard: "In selected cases, you will obtain results." But, in the knowledge of man, no one has yet arisen in the science of medicine and designated the means of selecting the cases. Amid such a mass of authoritative and contradictory advice, it is not to be wondered at if the busy physician hopelessly asks, "What am I to do?" For he must realize the futility of trying all the methods upon his patients.

The object of this paper is to state briefly what I consider the practical method of procedure under existing circumstances. Scientific treatment demands,

1. Removal of symptoms.

2. Removal of etiologic factors that produce the lesion.

3. Removal of pathologic lesions and bringing back, as near as possible, a normal state of the organs implicated. For convenience and the practical purpose of obtaining a working hypothesis, our knowledge of nephritis being so indefinite, we may as well employ for the classification of the etiology and pathology of chronic nephritis the same classification as Delafield gives for the pathology of albuminuria, with one addition. The classification is as follows:

1. Changes produced by inflammation of the walls of the capillaries.

2. Changes produced in the composition of the blood.

3. Changes in the blood pressure.

4. Non-inflammatory changes in the walls of the capillaries.

5. Infections that extend from the urethra and bladder to the kidneys.

With these premises, the principles of scientific treatment given (since we do not know whether chronic Bright's is a local disease with systemic manifestations, or a systemic disease with local manifestations), can only be complied with, the disease being present, by putting the patient in the best possible general physical condition by the aid of that treatment—be it medical, dietetic climatic or all three combined—that will maintain his respiratory, circulatory and excretory organs in a state of physiologic health until, through conscientious employment of both clinical and laboratory methods, we can formulate a method of early diagnosis in this disease ere pathologic changes become permanent, and thus cure by prevention.

The clinical methods of making an early diagnosis, as through recognizing the overaction of the heart, with its emphasized second sound, high tension pulse, the indefinite nervous, gastric and respiratory phenomena, as sleeplessness, indigestion and shortness of breath, I shall not consider, for the recognition and correct interpretation of such phenomena will always depend upon the individual physician's power and experience in interpreting subjective and objective symptoms.

I will speak briefly of the laboratory methods, and devote myself to those that are to be employed in the examination of the blood and urine, for it is principally through the knowledge obtained from these fluids that advancement in the treatment of the disease will occur.

The methods of examining, first the urine, are

1. Chemically—quantitatively and qualitatively—by which method we recognize whether the organic or inorganic constituents of the urine are present in normal or pathologic proportions, or abnormal chemical elements are present, as albumin. This latter is of value only as a symptom, as significant of an abnormal condition in constructive or destructive metabolism, for by its presence the seat or cause of its existence is not indicated, nor the permanency or transitory character of the lesion. As yet

our knowledge of the proteids of the urine, whether serum proteids, as serum-albumin and paraglobulin; compound proteids, as nucleo-albumin or proteolytic proteids, as albuminoses and peptones, have not proven of clinical value.

In indican in the urine we have proof positive of intestinal fermentation and the formation of toxic elements that will over-tax the excretory functions of the kidneys. In uric acid in excess of the normal quantity, there is evidence of over-feeding, of imperfect oxidation of the proteid elements, or defective oxidation from an incomplete supply of oxygen to the system. By removal of conditions that make the presence of these elements possible, we have an example of one of the means of preventing nephritis, alleviating symptoms and possibly of curing the disease.

2. Microscopically—a method which, by the examination of the sediment in the urine, we hope to locate the character and seat of the lesion. If this is the object sought and it be carried to its logical conclusion, we cannot stop at the examination of the sediments found in the bladder alone, for the urine from a healthy will mix with that of a diseased kidney, and the sediment, epithelial cells, etc., disintegrate and become modified by standing in the bladder that might itself be diseased. This is overcome by method

3. Where, by using the cystoscope, the ureters are catheterized and the character of the urine and condition of each kidney ascertained, since the epithelial cells, etc., may be at once examined. Moreover, it is worthy of note that the use of this instrument has demonstrated that nephritis is never unilateral, from which we may deduce that it is a systemic condition rather than a local disease. Yet by its employment we may, through local applications of medicine, improve the condition of the kidneys by counter- irritation.

4. We now come to the fourth and last medicine, improve the condition of the kidmethod—cryoscopy. We know that microscopic and chemic examinations of the urine give no indication as to renal sufficiency or insufficiency, but practically the question is not so much the exact amount of urea, chlorides, etc., secreted, but whether the kidneys will secrete them in sufficient quantities to maintain health. This can be ascertained through cryoscopic examination, not alone of the urine, but in combination with the blood; and the functional activity of each kidney ascertained through ureteral catheterization, with the phloridzin test employed as a check to the cryoscopic. That such examinations have proved of value, the findings of Casper, Victor, Senator, Albannard, Bernard Korayni and others have demonstrated, though naturally such examinations are at present of more value to the surgeon than to the therapeutist.

In conclusion I will state that the treatment of chronic Bright's disease should remain in the hands of those who are capable of maintaining the highest standard of general health for the patient. This is the general practitioner who sees the patient most frequently. Yet they, by more carefully examining into the cause of apparently minor complaints, and especially the urine, should help eradicate this disease and, where possible, employ the most advanced methods of the laboratory; or, if lacking facilities or time, have the internist or urologist make an examination and return to them such a complete history that they may treat rationally, not empirically.—*Northwest Medicine.*

HOW MAY THE COUNTY SOCIETY BE MADE MORE PROFITABLE?

Theodore Diller, M. D., Pittsburg.

The question raised is one which every live county society should ask itself from time to time. To be satisfied is to stand still or to go backward. That the scientific meetings of the county society may be profitable requires as a condition of primal importance that interest be taken in them. Every member should be interested in them and contribute to them by his presence, by participation in discussions, and by reading papers. But the ideal does not exist, and unfortunately not all members are interested. The officer or officers of the county society at least who are charged with the duty of providing the scientific programs, should be expected to be interested in their work and to devote sufficient time and thought to their duties to accomplish the best results. If the scientific program is permitted to develop itself—if it is no one's business to look after it, as un-

county societies—the scientific meetings will certainly be less profitable than where it is given the time and attention its importance demands. Therefore, as a matter of prime importance, the county society should select officers—whose business it is to devise the scientific programs—who are alive to the great importance of their duties and who not only can but will devote the time and attention to them which they demand.

Usually the secretary is the officer responsible for the scientific programs, but in a few of the larger counties, special scientific program committees are charged with this duty; and this latter plan has much to commend it for the larger county societies. This committee should be small, made up of three, two, or one members.

The scientific meetings should be held frequently, at least once a month, and the larger societies should hold semi-monthly meetings. Where practicable they should be held apart from the business meetings. The vitality of a society which meets only four times a year must be rather feeble.

The meetings should be held at the time and place which is most convenient to the largest number of members. Where the county seat is central it is better always to meet in the same place. In some counties it is probably better for geographical reasons that the meetings should be held at different places.

The meetings should be called to order promptly at the appointed hour. The meeting place should be as attractive and accessible as possible. The programs should be arranged well in advance of the meeting. But I do not think it well to arrange the programs for the entire year in advance. The names of all who expect to read papers or to present patients should be published on the program so that members may know what to expect. The notices should reach members two or three days in advance of the meeting. Extempore reports should not be depended upon. There should, as a rule, never be less than three or four papers or reports on the published program. With only one or two papers there is a correspondingly greater danger of the collapse of a meeting by the absence of all the essayists or reporters. Papers should be short—ten, fifteen, or, at the outside, twenty minutes in length. On the whole, I am inclined to believe that it would probably be best for most societies to limit papers to fifteen minutes.

No one should be placed on the program who has not given his consent; and no one who has consented to appear on the program should fail to read his paper save for the most urgent reasons. But human nature is weak; and some of the leading members of county societies will not only fail to read their papers, but also fail to send their papers to be read; and some, also, fail to send an apology. So the secretary or scientific program committee must be alert and not take too much for granted, but communicate (telephone is best) with the various essayists a few days before the meeting. A member who is in the habit of disappointing his fellow members should not be put on the program. It is highly desirable that a society should carry out its published programs; and all other things being equal, the society which is known to do so will be most largely attended by its members. The scientific program committee must not, however, allow a meeting to fall through under any circumstances. It must be prepared for emergencies and know where to look for substitutes.

Effort should be made to get all the available members of the county society to contribute to its programs. But some of our best practitioners do not care to, or feel that they can, write papers. These should not be unduly importuned.

The programs should exhibit as much variety as possible, both as to men and subjects and methods of presentation. It is well occasionally to consider one subject only at a meeting. This may be done by having one, two or more papers on a given subject and one or two appointed speakers. The symposium should not be repeated too often. Again it is well to offer programs made up of a variety of subjects. Actual presentation of patients and specimens should be encouraged as much as possible. One of the most attractive programs of the Allegheny County Society was made up exclusively of presentation of patients. It has occurred to me that in some counties the society might occasionally meet at one of the hospitals where one or more of its members connected with the institution might present patients whose cases could afterwards be discussed. Societies able to

afford it should provide themselves with stereopticons.

Generally speaking the subjects discussed had better be the commoner ones. Sometimes it is better that the scientific program committee should select the subjects; and at other times, as I have said before, miscellaneous programs made up of subjects of members' own choosing are desirable. It has seemed to me, as we are all physicians and not all surgeons, that medical subjects proper should be discussed two or three times as frequently as surgical subjects.

All four of the county society secretaries who replied to my letter of inquiry state that there is always increased interest in the scientific meeting where there is a paper or address by a visiting physician from outside the county; and I can bear witness that this is true of the Allegheny County Medical Society. I think that there can be no question that a paper or address by a visiting physician from time to time is highly desirable. Such a paper ought always to be discussed by the local members. Occasionally, I believe, it is well to reverse this order and appoint the "foreigner" to discuss the paper of the local man. This plan tends to broaden the spirit of the local society, and enables members to hear subjects presented in a somewhat different manner from that of any of their fellows, if indeed, not to hear new truths. Every society should, at least two or three times a year, invite a "foreigner" to address it, though the "foreigner" may be no farther removed than the next county. It is a mistake, I believe, to invite a "foreigner" to every meeting. To do so is to foster an unhealthy spirit of mental dependence on the part of the home members—a species of scientific lethargy.

A final word as to the preparation of papers. Every one should do his best both as to the form as well as the matter of his paper. He owes this both to himself and to his society; and to this end nothing is so helpful as a critical study of the literary form and the subject matter of the papers of our best known medical writers. The younger man should hardly attempt a general consideration of a subject, but a monthly or quarterly review of current literature is a task which a junior member may perform most acceptably. A single well reported clinical case is at once the easiest task he can set for himself, and at the same time one which, when properly fulfilled, is most acceptable. The worst of all papers is the one of which it can be said that it contained nothing which could not be found in our text books.

I will conclude as I began by saying that interest on the part of the county society officers is absolutely essential if the scientific programs are to be made profitable. These remarks can only appeal to interested county society members who are desirous of improving the scientific programs of their several societies. For them I trust that these few suggestions may be of some slight assistance.

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The Luzerne County Medical Society and its secretary deserve especial mention. Its membership is 119, and it holds two meetings a month. It has a very live program committee in its secretary, Dr. D. Barney, who writes me as follows:

"I would answer your questions by stating that whatever interests the members will bring out a good attendance. The secretary or committee must find that out and give it to the members. Secondly, give them that at every meeting and have your meetings close together—at least two a month. Get them in the habit of attending by giving them something good at every meeting. Never let a meeting go by default because the essayist has failed you; if you do, you lose ground, and more than one will stay away from the next meeting because he was disappointed at the last. The secretary can always find out a few days ahead whether or not he is going to have a paper. If not, he must hustle around and get something else, even if he has to provide it himself. Once in a while there is a member who likes to write, and such a one is apt to be helpful, for he is sure to be like the preachers who have a 'barrel' which can be tapped at any time.'

A society which meets twice a month and has a scientific program committeeman like Dr. Barney is a very live society indeed and is certain to progress. Let us profit by the example of the Luzerne County Society.—Pennsylvania Medical Journal.

(Most of our societies, not being in thickly populated communities, nor having the same facilities for transportation as our Pennsylvania neighbors, cannot have frequent meetings. The principles laid down by Dr. Diller, however, are sound, and the more nearly they are adhered to the more prosperous will the county society become. We would add one more suggestion, viz., begin the meeting at the appointed time and don't get the members into the habit of coming an hour late because, "Oh, they never begin on time." The habit of opening late leads many men to stay away altogether, when they would be present if assured that the meeting would begin and end at a fixed time.—Editor.)

REGULATION OF MARRIAGE.

Dr. T. J. Garner, Washington, Ark.

Society begins its self-contamination at the marriage license window. Here is the fountain head of the stream of degeneracy that sweeps through all social systems. The foundation stone of society is the matrimonial relation. Its assumption is the most important step that a human being can possibly take, and upon the conditions surrounding it depend the most important interests of our social system. Taking this into consideration and laying aside the selfish apparent interests of the individual it is astonishing that no rational effort at the regulation, control, or supervision of the marriage relation is made by society. The license window is a place where the honest citizen and the criminal, the sane and the insane, the diseased and the healthy, the pauper and the millionaire, the learned and the ignorant, the intellectual and the weak-minded may meet upon common ground. The criminal, the insane, the epileptic, the syphilitic, and the drunkard are here authorized by law to begin the procreation of their kind, the number of their progeny being limited entirely by the volition and physical capacity of the individuals immediately concerned. The marriage license is the agent that sets in operation the individual and social machinery for the manufacture of degenerates. That the degenerates are a menace and expensive burden to society is everywhere admitted. Has society a right to protect itself against its own vicious off-scourings? I believe it has. But until the public mind awakes to the scientific causes that produce the neuropsychic aberrations of the degenerate, little may we expect to be done. The sanitary marriage is possibly an idealist's dream, and it may never be practicable to altogether eliminate from society the assumption of the matrimonial relation by individuals to whom it should be by no means permitted, but a wise control and regulation upon rational scientific principles is certainly practicable and likely to achieve wonderful results. That society eventually will, for its own protection, adopt some method of regulation and restriction of matrimony I believe to be inevitable. Society assumes the right to defend itself against the finished product of its matrimonial factory of degenerates, and there is no logical reason why it should not also assume the right to protect itself from the conditions which set the machinery of evil in operation. I firmly believe that the time will come when it will be no longer possible for our army of recognizable degenerates to procure a license to marry. I believe that it should be, and one day will be, a statutory crime for a person in the active stages of infective disease of a venereal character to marry, and thus risk the almost inevitable infection of innocent persons. There can be no greater crime against an individual than inoculation with contagion, the effects of which may perhaps outlast several generations and carry affliction and misery to unborn innocence. The rights of the unborn will one day be considered. In brief, I believe that man will one day devote to the breeding of human beings some of the knowledge he has acquired in the breeding of the lower animals. Stirpiculture will be the solution of the race, and is the rational antidote for degeneracy and its trains of evils—social and individual. The law stipulates as to the age of candidates for matrimony. In certain states consanguineous marriages, even to the fourth degree of consanguinity, are forbidden; in all states consanguinity up to the third degree is a bar to matrimony. In many of our states, both northern and southern, miscegenation is prohibited. It will be seen, therefore, that sentimental objections to the regulation of matrimony are even now sometimes honored in the breach rather than in the observance. Inasmuch as sentiment has hitherto been no bar to the demand for license, it should not be a bar to the demand for proper qualifications on the part of candidates for matrimony. Mr. Reeve, of Illinois, in a masterly discussion of the marriage question in its relation to criminality says: "If the vilest mortal that lives sees proper to marry, the law issues the license for the asking, takes the fee, makes the record, and leaves the offspring and society to shift for themselves the best they can. Even paupers, while in the poorhouse, and criminals while in jail are in every way encouraged and given license to marry, and are protected by the law; no thought is taken for the unfortunate offspring, or for the body politic or social, and the irreparable evils that must fall upon all. The church adds its sanction, and its ministers aid in making the civil contracts by per-

forming a ceremony with prayers and benedictions. If it is wise to prohibit polygamy, marriage between relations and between persons whose insanity or idiocy is self-evident, it is equally wise to prohibit it in all cases where evil may follow. If the law has the power to prohibit and punish in the one case, it has an equal right in all others. There is an endless procession of children from all these sources coming into the mass of population to live lives of crime, immorality, want, suffering, misfortune and degeneracy, transmitting the taint in constantly widening streams to generation after generation, with the ultimate certainty of the deterioration of the race and final irreparable degeneracy."

Previous to the issuance of a marriage license, statutory law should demand that both the persons immediately concerned obtain a certificate as to their physical and mental condition from non-political and therefore non-partisan board of medical examiners, which should be an appendage of the health board of the district in which the application for license is made.—*Jour. Ark. Med. Soc.*

ANOTHER VIEW OF MARRIAGE.

Eugenics has again caused a flutter of popular interest. This time the idea has been advanced that we can breed up a race of superior men in the same way that Luther Burbank is creating such wonderful plants. Of course we can. He simply raises a hundred thousand plants, finds among them one or two with the proper variations, saves these two and destroys all the rest. We can do the same. Let us examine all the children in each congressional district—about 100,000 more or less—select the two we consider the best, and hang all the rest. It is simplicity itself, but there is one slight difficulty. Burbank's plants have no voice in the matter, but every human father has a vote on this proposition, and will decide that his type is the best and the other children should be—so the system itself will be hung up. All this nonsense about eugenics will cease when the silly season is over.

Stirpiculture is a most accurate and scientic process as applied to domestic animals and the more it is investigated the better. Yet here, too, there is not the slightest chance of applying it to man. The stock breeder selects for his purpose only a few of the thousands born, and sterilizes the others, or keeps them from breeding, or kills them. As we have before explained, he usually emphasizes one trait, like speed in the horse or wool in the sheep, at the expense of all other characters. If we could try the same methods we would only succeed in breeding types of men, noted for one character—say muscularity without sense, or brains without physique. We do not know what types could survive in the future environment civilization is building up, and the types we produced might not be suitable at all. Future man will be as different from us as we differ from the caveman, and nature will attend to the matter without any suggestions from us. She will simply destroy the unsuitable.

A commission to study heredity has been formed by the American Breeders' Association under the initiative of its secretary, the Hon. W. M. Hays, assistant secretary of agriculture. As it is a vital matter to the human race also, their investigations should be given the widest publicity. They are evidently not impressed with the ill-considered suggestions about eugenics, because they are well aware that young folks will continue to select their own life partners in obedience to an instinct which we do not pretend to understand. The only thing we do know is the fact that human animals, like lower animals, tend to select partners somewhat different from themselves, probably because of an inherited tendency to keep the species nearer the average. Aberrant types perish, so that the desire to magnify traits, as the stock breeders do, is distinctly unnatural.

The cause of variations will naturally be the main point to investigate, for if stock breeders can tell what causes desirable traits to appear, they have the situation in their grasp. They can leave to the biologists to discover why the offspring do as the parents did in like environments—indeed that seems to be a necessary result of the fact that the offspring is merely a budded-off piece of the parent. What physicians want to know is why children differ from parents and why certain defects and diseases appear. The trend—perhaps too much the trend—of modern thought is in the direction of searching for the causes in an unwholesome environment. Every bad

result must have a cause, which might be removed to prevent future cases.

Bad offspring usually die off, if not early, at least in a generation or two. Consequently the present criminal class will not leave many descendants. More than half of them are children of respectable parents. The criminals of the year 1925 or 1930 are now being born in respectable households. It is our duty to find out why they will not grow into good citizens and why we cannot compel normal development. That is the only practical eugenics, and it will surely become a possibility in the future, so that one generation will not suffer for the ignorant sins of the previous one. Every study in heredity and its perversions is a step in cleaning the human race. To only that extent can we uplift the race. People will marry whom they select, and not whom society selects, so let us accept the inevitable and teach them how to raise good offspring, from which nature can select the proper types. If part of the money now spent on children's hospitals could be devoted to finding out the causes of their illnesses and deformities, perhaps we might so far prevent them that we would not need so many hospitals for them. Every encouragement, therefore, should be given to this new commission on heredity, for every discovery it makes takes us a step nearer to the prevention of human diseases and deformities.—*American Medicine.*

CONTRACT PRACTICE.

Horace M. Alleman, M.D.,
Hanover, Pa.

The subject of this paper is one of many phases and to be considered from many points of view, and gives much promise to the profession for future contention. We have in this country contract practice, seemingly only in its beginning but with many signs of rapid growth, as evidenced by the occasional wails from every section.

In looking for causes for this form of practice we find the chief and most important one in the profession itself. We are not only seeing but feeling the crowded membership rapidly increasing, making the total increase more than commensurate with our increase in population. This ratio of increase is far in excess of a few years since, brings competition to the highest pitch and entices the beginner to accept contract work with its promising prospects of immediate occupation and remuneration. Then, also, we have those older in experience, who, because of lack of success, whether from incompetence or fault of vice, see luring prospects in this line with patients of compulsion rather than those with a voice in their physician's selection.

It would be well before going further to divide contract practice into contract practice proper, and order or club practice. While the former has for its end cheapness as well as a thought to efficiency, the latter has not even that to commend it, but only seeks the cheapest services possible, regardless of ability, skill, or experience. In the former there are not a few instances where, because of necessity, it is justifiable. This, however, can not be said of the latter.

In outlying districts with sparse settlements, like remote and isolated mining districts, the employment of a physician at a stipulated sum per month per capita, whether sick or well, guaranteed by the company may be the only means of securing a physician, for here the loss would be so great by poor or no pay that an existence would be impossible. Again, the same can be said of some manufacturing or other companies with a large foreign element, for here, under certain restrictions both as to pay and number to be attended, it may work to the benefit of physician as well as employe, and not prove, as some believe, a restriction to trade.

In turning now to the main cause or reason for this method from the laity's standpoint we are forced to the conclusion given above; namely, that all order and club contracts have for their aim cheap services only. It is the same whether one or the other is spoken of. Both offer so little per month per capita that a physician's time, if he is to make even a fair living, will be completely occupied by his being compelled to render services to so many more patients than he can serve with justice to himself or his patients, and many more than he would attempt to treat in private practice except under different conditions. The contract or club physician is much more frequently called when his services are not required than he would be by the same clientele were each call to be paid for as in private practice. In defense of this form

it can not be said that the mechanic, the laborer, or the poor can be the better served, for are they not served more efficiently and with better results by physicians of their own choice?

The statement has been made that "there are thousands of physicians in this country who are working for an income less than the average skilled laborer receives"; this statement must necessarily apply to many in private practice, and unrestricted contract work gives the gloomiest prospects for any improvement. Just as club practice tends to pauperize the profession, so also does it place a premium on pauperism in general.

There are doubtless among us some who have been approached by a representative of some order or organization, with name euphonious and philanthropic, seeking a physician for such, and offering one to five dollars per year per member for attendance on the member and family. One hundred members, then, would give from one hundred to five hundred dollars for services to not less than five hundred people according to the usual average.

A most fascinating and glorious prospect for the physician with a most gloomy outlook for his profession—a profession which is now making more progress for the healing and prevention of ills and the betterment of mankind, and doing more for charity's sake than all others combined, demanding of its members a more careful and selective preliminary education, a more thorough and practical medical education, with a more rigid and complete license examination.

Is what I have stated an extreme case? Has it not the ear-marks of truth? The labor organizations with their increasing strength and importance are now among us, with a ready eye and ear to their own interests, and that they are ever alert is shown by the contest now going on between one or two county societies in California and a labor order with company contract physicians.

When a company makes a reduction of from one dollar to ten cents per month per capita to its physicians, and they blindly accept, and when the county society steps in and demands that such physicians should be ostracised by their more capable and better thinking brethren, then certain organizations stand amazed at such usurpation of individual rights; for by what right and by what authority does the society dare interfere? Should not the contract physician be allowed to serve whom and for what he sees fit? Nevertheless, do we not all know with what vehemence any reduction in the laborer's wages is fought? A reduction of an amount such as stated applying to themselves would in a few hours cause such a strike as has never occurred in the country's history.

There is no doubt that any physician who gives himself to this form of work unmodified, is forging another link in the chain which will the more surely bind this honored body in utter servitude to the masses, and while those of the more enlightened have always held and will always hold this as the noblest and most respected of callings, it will none the less lighten the burdens put upon it.

County and state societies should give some thought to this question, and while it may seem so unimportant and its apparent dangers and abuses so far away that we will never be within its radius, nevertheless, it will be well to be prepared and ready to repel them as they appear. The endeavor to increase the membership in our county societies should continue unceasingly, for by uniform membership we have the strongest and most effectual weapon against any indignities and hardships put upon the profession.

But after all that can be said for or against this method, it yet remains with the physician himself to make or destroy it; if, however, each will think of this question, not alone from a self-interested or worldly point, but as well from that broader principle which should be the governing force in our professional lives, dealing honorably and charitably with one another and with others, remembering that each has a place here with equal rights, when, then, we take up this question it will be safe to predict that soberness of mind and fairness of spirit will so modify it that individual preferences to the detriment of the many will fade away to be no longer a threatening cloud to the profession.—*Pennsylvania Medical Journal.*

After tracheotomy the air of the patient's room should be kept reasonably warm and moist. Draughts of cold air provoke much irritation.—*American Journal of Surgery.*

The West Virginia Medical Journal.

COMMITTEE ON PUBLICATION.
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L. D. WILSON, M.D., JNO. L. DICKEY, M.D.
Office of Publication: The News.

WHEELING, W. VA., FEBRUARY, 1907.

THE JOURNAL will be published for the first year as a bi-monthly—August, October, December, February, April and June. Commencing with July, 1907, we expect to issue a monthly.

Subscription, - - - - - - - - - - - $1.00 per year
Single Copies, - - - - - - - - - - - - - 20 cents

All communications to this Journal must be made to it exclusively. Communications and items of general interest to the profession are invited from all over the State. Notices of deaths, removals from the State, changes of location, etc., are requested.

Our readers are requested to send us marked copies of local newspapers containing matters of interest to members of the medical profession. Name of sender should be given.

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Editorial.

We have recently passed through the season of "peace on earth and good will to men," followed by the days of new resolutions which are only too often quickly forgotten. Since our profession is "growing in grace" and good feeling among its members, isn't it a good time to memorize the somewhat familiar lines below, and try daily to practice the lesson contained in them!

"There's so much bad in the best of us,
And so much good in the worst of us,
That it hardly behooves any of us
To talk about the rest of us."

CANNOT WE HAVE A PURE FOOD LAW?

It is a great satisfaction to note the increasing interest manifested by legislators in matters that concern the public health, and especially in the subjects so intimately related thereto as those of pure food and drug legislation and medical practice regulation. Unquestionably these two subjects, in their larger aspect, comprehend between them much the greater part of that which is potential for good in such legislation. The first aims to secure and guarantee the purity and efficiency of that which is essential to the maintenance of healthful conditions and to the eradication or control of disease-producing influences, our foods and drugs. The second seeks to maintain at a high standard the fitness and qualifications of those to whom, almost of necessity, must be committed the selection and command of these agencies, our medical practitioners. The people, in their law-making capacity, have been slow to grasp the fact that the power to legislate in such matters is not only within the province of their prerogative, but that it is of the highest importance that it should be freely and intelligently exercised. Law-making bodies have been accustomed, until recently, to deal with questions of revenue, corporate and individual rights, the safeguarding of property and life, dissemination of education, maintenance of highways, etc., almost to the exclusion of public health and sanitary concerns. These, along with the care of individual cases of disease, and all that relates to their management, have been tacitly turned over to the medical profession, but without the power being given it either to maintain its own efficiency in personnel or qualification, or to enforce any regulation, no matter how urgent the need, which the interests of the public health might require. It is surely as desirable to protect the citizen from life-imperilling disease as it is to guard him against crimes of violence. One can be done as efficiently as

the other. Yet the first gets painfully little consideration in the statute book, while the second is hedged all about with pains and penalties. It is fully as great a disadvantage to be prevented from taking one's goods to market by an attack of small-pox as by a mud-hole in the highway, or a broken bridge. Both can be provided against and with equal ease. In the first case what little has been done is feeble and tentative. In the second, the machinery necessary has been provided, and the work is done. It is as distressing to the citizen to have his baby die from the poisons in impure or adulterated milk, as it is for him to have a horse stolen from his pasture field. In the first instance he has only the doctor to turn to for help. In the second, the sheriff and all the police power of the state turn out to redress his injury. If the thief is caught, the statutes take care that he has "time, place and opportunity to repent of his act." If the food adulterator is—not caught, no—well, say detected, unmasked, what then? Why, he makes his usual rounds the next day and the next, keeping on and on, just as before. The doctor is called to a case where quick-acting and powerful remedies are imperatively needed. Those furnished him are by adulteration or deterioration, enfeebled or inert. His efforts are paralyzed, his patient dies. Is this anybody's fault? Could the (or a) law have averted the disaster? In many instances, yes.

These illustrations might be multiplied many times, but they are sufficient to show the character and importance of certain rights which the citizen may justly demand from organized society, that lie very near to his welfare and happiness, and that are not as yet so fully secured to him by legislation as they easily might be. West Virginia has a creditable record in such legislation thus far. Her State Board of Health law is excellent and provides the foundation for most satisfactory work. It needs to be supplemented by legislation that will provide, among other things, for the inspection and certification of drugs and food products. It is most gratifying to see that the governor has ranged himself with those who desire such measures. His recommendations on the subject, in his annual message, merit hearty approval and support. and it would seem to be both a duty and a pleasure for each county and district medical society to send to him, and to their representatives in the law making body, a cordial endorsement of these recommendations. The committee on Public Policy and Legislation of our State Medical Association has formulated some amendments to the law regulating the practice of medicine which will remove a certain degree of ambiguity in the present law and will result in a more effective protection of the public against incompetent and unqualified practitioners. Now, if this could be coupled with a pure food and drug law, whereby these could be guaranteed to us to be what they should be, we could feel that the remissness of former years was well nigh atoned for. Intimately involved in this subject, and necessary to bring forth its fullest benefits, is the regulation of the practice of pharmacy and of the sale to the general public of narcotics, poisons and other deleterious drugs. An amendment, or rather a recasting, of the present pharmacy law is being actively urged by the pharmacists of the State, and their efforts should be warmly seconded. With pure food and drugs, properly qualified practitioners of medicine, and competent and properly regulated pharmacists and pharmacies secured to our people by carefully framed laws, we could feel that, at least in these respects, the demands of our advancing civilization and our commercial and educational development have not been unheeded.—W.

"THE LATEST FARCE."

"The pretended enforcement of the national pure food statute is absolutely the latest farce. No one ever believed that much of a practical nature would ever come out of this enactment."

The above is the opening of a recent editorial in a Wheeling daily newspaper. Since it appeared only eleven days after the national law went into effect, to the ordinary lay mind the editor's remark, rather than the "pretended enforcement of the pure food law," would seem to be farcical. But certain facts are better known to physicians than to the laity, and some of these facts will be better understood by the careful perusal of Dr. Reed's paper in this issue of the Journal. Was it a mere coincidence that in the publication of the governor's message every Wheeling paper omitted to publish the governor's remarks urging the enactment of a pure food and drug bill? We hope so, for we recognize the powerful influence of the press when exercised either for or against proposed legislation. "By request" one paper printed the governor's views several days later.

The members of our legislature are respectfully urged to carefully peruse the paper of Dr. Reed, after which they will perhaps attach less value to the views of their home newspaper, if they find it urging the defeat of the pure food and drug bill. They will there learn that certain newspapers are bound by an advertising contract to refrain from giving any support to legislation whose aim is to regulate the nostrum business, on penalty of having such contract annulled. If our legislators will privately discuss the subject with the editors they will doubtless learn that those excellent gentlemen are at heart quite favorable to pure foods and drugs, and are innocent of any purpose to politically harm the men who vote for a law whose aim is to protect from injury the lives and health of the people—and this should certainly be one of the chief purposes of legislation.

The cry of the day is for honesty in legislation, honesty in administration, honesty in business, honesty in manufactured products of all kinds, and first of all in the foods we must eat and in the drugs intended for the cure of disease. Honesty does not fear publicity. We sincerely hope that our State contains very few newspapers that have consented to be bound and gagged by the national nostrum trust, much less to use their influence in a bad cause and against the true interests of our own people.

We desire most heartily to commend the words of Governor Dawson on this subject. Those who know the powerful influences at work against such legislation as he urges must concede that it takes a brave man to address the legislature in this language:

"After many years of trial the federal Congress got the upper hand of the lobbyists, and enacted a pure-food law, which seems to be well adapted to the purpose. Whether the passage of this national act will make less necessary a pure-food law in this State, I cannot say; but I am of the opinion that we ought to have a law articulating with the national law, because the national law can only apply to interstate commerce. It certainly is the highest duty of the State to protect its people against the iniquities aimed at in pure-food legislation. Such legislation should include the sale of patent medicines, which is one of the greatest frauds practiced upon the people. Many of these so-called remedies are poisonous, deleterious to the human organism, and their sale is worse than obtaining money under false pretense. Upon the label of every patent medicine there should be required to be printed in plain language the stuff of which it is composed. Dr. G. D. Lind, in his address before the State Medical Association at its last annual meeting, discussed this subject, and said that 'we should strike at the root of the whole matter by enacting a law prohibiting the sale of all drugs or mixtures by druggists to be used as medicines without the advice and consent of a licensed physician.' The doctor remarked that at first blush this might seem to go too far; but he defends his proposition ably, and I am inclined to think he is right."

That the people are with the governor in this matter there is no doubt, and we expect to see our legislature fall in line, meet the demand of the people, and put upon our statute book a law that will stop the poisoning of the people with impure foods and defrauding them with secret nostrums composed of alcohol, cardiac poisons and many kinds of "dope."—J.

MILK EDUCATION.

"The importance of good milk is a subject which is steadily growing in appreciation. Some day the Federal Government will take hold of the question, and it will be solved to the satisfaction of all; but for the present each State

must deal with it separately. In some States the farmers produce any kind of milk it suits them to produce. The cows may be sick or well and the milk may contain little or much manure, as fortuitous circumstances may provide. The decision rests with the people whether they will buy it or leave it alone. In other states there are laws, which are enforced, compelling the dairymen to provide milk which is at least clean and free from danger. Many municipalities supplement the State laws by demanding that milk shall have a certain character in order to be marketable within their jurisdiction. The education which is promoting the interests of the consumers goes on apace. The work in New York State is unsurpassed by any, with the possible exception of Maryland.

The State of Maryland has a Department of Health and an independent citizen's movement, which are performing magnificent services for the people. The campaign against tuberculosis in that State has been most effective. Now it has turned its attentions to the milk problem and is promoting a campaign of education of exceptional vigor. Besides the ordinary measures for encouraging and compelling the production of good milk, a "milk special" was started out. This is a combination of a technical school on wheels and a political stumping tour. The train consisted of an engine and two coaches, one of which was used as an auditorium car. The territory to be covered was thoroughly advertised, together with the names of speakers and subjects. Farmers were invited to attend demonstrations and lectures at the stations at which the train stopped. Stops of forty minutes were made at each point. There were two speakers at each session. Each spoke for fifteen minutes, and the audience was allowed five minutes to get into the car and five minutes to get out. In this way from fifteen to twenty stops were made in a day. The talks were published in the local papers, and were of such a character that make every word count.

Such work as this is practical and profitable. The farmer can be shown how to produce good milk; he can be shown that it pays; and a demand for good milk can be created."

The above editorial from the New York State Journal of Medicine, is especially interesting to Wheeling, which, after much effort by Health Officer Birney and one or two physicians, succeeded in securing what seemed to be a very good ordinance regulating the sale of milk. Dr. A. Wilson, a most competent man, was chosen as milk inspector, and several fines were imposed for violations of the new ordinance. Formaldehyde was found to be present in some milk, other samples were found of too low specific gravity, others still were deficient in butter fat. On appeal from the mayor to the criminal court, the judge held the opinion that the city, under its present charter, has no authority to protect our people from poison in milk, and unless a higher court, to which appeal has been taken, overrules the decision rendered, the only hope the city has is in the new charter to be asked for at the hands of our legislature. Since the senator from the first district who made himself notorious by defeating the charter asked for by his own people is now a private citizen—let us hope forever—and his place is ably filled by a gentleman of education and culture who, the son of our distinguished deceased ex-president, Dr. Hazlett, fully appreciates the value of a pure milk supply, and of all measures looking to the peace, health and happiness of our people, we have no doubt that our legislature will grant the demands of our city and give us the charter under which we may adopt measures for the protection of our health, our peace, our money and our lives.—J.

Encouraging.—The California State Medical Association began the publication of a medical journal four years ago with a society membership of about 300.

"The State Society has a membership, through its affiliated societies, of close upon 2,000 physicians, and the Journal is established on a sound basis which not even the catastrophe of last April could destroy, though it demolished the inflammable superstructure. It would seem that, in numbers and in machinery and in means of expression and communication we have, in the State Society, the fundamental elements for an organization."

We congratulate the society on its prosperity, and on having an editor who knows how to run things so successfully as does Dr. Jones. From his success we draw inspiration and encouragement in our own humble efforts.—J.

The Pittsburg Bureau of Health reports that 5,689 cases of typhoid fever were reported in that city in 1906, with 494 deaths. This mortality—but little over 8 per cent—indicates a mild type of disease. Wheeling has recently had many more typhoid cases

than for years, but the type is also quite mild, and the cases of shorter duration than usual.

A free filled pocket case is offered by the Abbott Alkaloidal Co. See advertisement. The case is well worth having. Send for one.

We have received from W. B. Saunders Company their handsome illustrated catalogue of medical, surgical, and scientific publications. Beyond question this is the most elaborate and useful catalogue we have ever seen. The catalogue is well worth having. A copy will be sent free upon request.

The article on "Pneumonia" is by Dr. F. B. Murphy, of Philippi. Name accidentally omitted by printer.

Correspondence.

Editor W. Va. Medical Journal:

In this day of such wonderful thriftiness and progress there is a great deal, but not too much being said about what the world needs, most of which terminates in reforms directed towards things general, municipal and private. Reforms and suggestions for such are as wonderfully multifarious as they are needed, since everything not perfect can be bettered, and few things there are that do not need, or, at least, that could not stand improvement. Many of these so-called reforms and suggestions, or the attempts at such, it may have been observed, involve a great expenditure of time, energy and capital, a useless waste when the object sought really lies within the individual self, from whom, if he but adopts for himself the suggestions such reforms embody, will emanate the very influence it is the purpose to create. While this applies universally, there is no immediate group of men to which and no individual man to whom it can more readily appeal than to the medical fraternity as a whole and the physician as a unit; for what profession is so fraught with temptations as is ours, and, since it is where the greatest temptations abound that the need of reform is most felt, it is not inopportune to endeavor to protect the high standing of the profession by each and all taking the responsibility of his own part of it.

The medical profession, while naturally needing further scientific research, needs far more a broadening of the mind that will elevate it beyond the pettishness and littleness that is all too gradually transforming it from a hitherto dignified plane to the level of the most humble of trades. The student and the new practitioner of medicine perhaps has an almost aesthetic view of what the practice of his profession is going to be, a view that fades into thin vapor when he meets with the conditions as they really exist in almost any local field. Perhaps the older practitioner, becoming accustomed to and hardened by these conditions, it is the young men who can see such defects in their most hideous aspect.

Few physicians, we dare say, have left the commencement hall with other than lofty ideals, noble purposes and a well-formed determination to be and to live the representative man of medicine—a gentleman. The things to which he will not stoop when he enters the wide, wide world probably eliminate all that is unworthy of high regard and eminent esteem, and those things which he will do make beautiful reading. But poor frail humanity, with our puny human resolves, like pigmies in a storm chased hither and yon—it is one thing to make such worthy resolves in the sanctuary while under the spell of the organ's melody, and while within hearing of some good man's admonitions, and quite another thing to keep them in that busy, practical world that lies so near without.

Whatever of reforms the medical world needs, the two paramount will be found to be very simple, things that not circumstances but the man himself will govern; men who will say to the laity "Yes" and "No" when professional questions are involved (not only say it, but mean it and do it), and show common courtesy towards one another of the profession—two virtues around which cluster all the dignity that it is the privilege of the profession to enjoy. It rests with the individual whether we shall extend to the profession that of which it is so sadly in need, or rob it of what it already owns.

And whither may we look for these new agencies of reform? Manifestly from a continuance of right living by those older practitioners who have lived these needs, and from the younger oncoming practitioners who expect their dream of what the pro-

fession is, to be realized. There is little to be expected from the old practitioner who has been unmindful of and indifferent to such benign influences as these convey, which for want of a clearer understanding of what manhood means he has, for want of a better name, seen fit to term "sentiment."

There are many good men who are not indifferent to these benevolent influences, but have become victims of circumstances. To such all charitably inclined are ready with attentive ear, sympathy and forgiveness, for "all we like sheep have gone astray," and the best of men have erred. Many of the unwholesome professional practices are born of necessity induced by the first act which renders the second excusable, and soon we have to combat that most potent giant, King Habit.

It is not easy to conceive of any class of men more susceptible to the influence of circumstances than the young physician just beginning the fight for recognition; nor can one so much marvel at the fact that so many fall as that more do not fall, when he reflects upon the steep ascent and rugged road they are destined to travel.

A great deal of the strife and discord existing in the medical profession, both among individuals and commonly, is the fruit of selfishness and unreasonableness on the part of the younger practitioner. He expects too much from his older colleague, and that, too, of which the older practitioner has not to give. We hear too much from the young and new physician about the unwillingness of his older colleague to aid him professionally. This is lamentable and not as it should be, for few physicians, no matter how lucrative their work, can afford to transfer to others the patronage of those people who have, by merely seeking him, signified their confidence in and appreciation of him. Furthermore, it damages his business both directly and indirectly. Besides, few if any physicians have more work than they can themselves master without turning it into other channels. Then, again, it is too often more an injury to the recipient than a favor; to be thus too frequently assisted often robs the young practitioner of independence without which he sooner or later becomes more or less a dependent, a condition that few men of parts will tolerate, since it is upon his own resources he must rely if he would attain the ideal. So much then for the first need to place the profession on a higher plane.

The second need, that of a better social condition, is but a few moves less important than the first, upon which in no small degree it is supported. There are three valuable assets which the older practitioner holds, without which few of us are strong enough to succeed, and these are kindness, a cordial welcome and encouragement, which when extended during the dark days of adversity (and they are always with us) is as refreshing as is an oasis in a desert.

The author has been the happy recipient of some work from his professional colleagues, work that has produced good remuneration; he has also been favored with kind words, cordiality and encouragement from the same and other sources, but the remuneration of the former he counts but dross compared to the pleasure and strength afforded by the latter. The young practitioner needs these little attentions and encouragements more than he needs a material help, for they gladden and sweeten the life without which one cannot be his better self nor accomplish that of which he may be capable.

In this natural craving of the human heart for sympathy and interest the author doubtless is at least the average man, and therefore voices what so many of the younger practitioners feel that they most need.

When one thinks long, calmly and rationally upon it, it is not difficult to account for much of the contention and antagonisms that abound in the profession both at home and abroad, when we reflect that selfishness, narrowness, careless "don't cares" and "forgets" soon chafe the most amiable spirit and distort the most cordial greeting into a snap and a snarl.

Conditions will, however, be ever so until each individual appoints himself a committee of one to do his part in broadening himself and others, and thus reduce to a minimum that narrowness of mind, selfishness and pettishness that feed upon our better selves.

Charles Emerson McPeek, M. D.

Wheeling, W. Va., November, 1906.

Never apply an elastic ligature about the arm without first interposing a towel. This may obviate subsequent paralysis.—*American Journal of Surgery.*

EXPERIENCES AND REFLECTIONS OF A STATE MEDICAL EXAMINER.

Editor W. Va. Medical Journal:

The laws of the State of West Virginia, as of most States, require that the State Boards of Health shall pass upon the proficiency and fitness to practice medicine of all who presume to be entitled to practice. To the shame of our otherwise proud State, such an applicant need never to have seen a medical college, and if he pass the Board's examination he has as good right to practice as the best of educated physicians. Thus is entailed upon our Board of Examiners the very responsible duty of guarding the rights and lives of the people who must seek a medical adviser, for the majority of them are unable to judge of the fitness of a physician to handle the delicate machinery of human life, even after the sad experience of *trying* some of them

But if we are annoyed by the undergraduates—who need never to have heard a clinical lecture or seen a single patient—seeking our certificates that they may practice in this State, we are doubly annoyed by the graduates of some of the so-called medical schools, who presume, on account of having received diplomas, that they will of course get a certificate to practice. It must be acknowledged by us all that some of the brightest men that come before us are third and fourth year men in the better medical schools of the country, and some of the most lamentable failures are holders of diplomas from some of the worst one-horse medical schools that seem to exist to turn out just such products.

The surprise to us is that a man can go through four years of medical study and seem to know so little, and still get a diploma. The carelessness and laxity of the medical laws of this State have apparently invited the charlatan, the half-prepared doctors and the determined impostors into our State. The present State Board of Health is a unit in its determination to eradicate these unworthy seekers after medical practice. The standard of excellence necessary to receive our certificates has beeen raised, and our examinations are rigorous and painstaking. We weigh each case on its merits, and take into consideration the applicant who comes for examination several years after graduation, and the fact that he must necessarily be rusty on elementary branches and the exact knowledge of the laboratory, and make proper allowance for this fact.

The State Board feels humiliated to make it known that the same men have come before it in efforts to pass these examinations for the eighth time. The indulgence of these men is one of the sins of the Board. It is wrong to permit them to become established in a practice in the State, and repeatedly come before the Board only to fail, not having enough sense or push or pride to fit themselves to pass. They thus exclude some worthy physician who would enter in but for the presence of one of these pretenders. It is safe to say that the Board will stand up to the proper treatment of these hangers-on in the future.

Let me append a few questions in physiology given in the last examination, with the answers to them from men who have presumed to attend four years in college and have the diplomas of these proud institutions. The spelling and rhetoric are their own:

Question No. 10. "Describe the process and purpose of respiration. Why an involuntary act?" Ans. "respiration taking air in the lungs and passing out—a man simply Breaths Because he it is nature to Breath."

Another simply answers: "The process of respiration is the breathing of pure air."

No.8. "Describe prostate gland and detail its function. How does ovum get to uterus?" Ans. It is located just before the entring the Bladder It becomes Inlarged In old age. It is citrated the Seamen In Ejaculation. It is of use to man when he becomes old. It may be Inlarged and finally cause death."

"The ovum gets to the uterous by working its way from the overy down the tubes to the uterous."

Question No. 7. "Describe the portal circulation." Ans. The portal circulation—from the left ventricle to the right aricle to the pulmenary vein into the lungs thence back to the heart to the right aricle to the right ventricle to the left auricle then into the pulmenary vein into capilaries to all parts of the body." May the shades of Harvey protect us! Alas! poor liver!

Considerable space could be taken up with just such answers; but these will suffice to show some of our troubles.

didn't know, that he was waiting to make a

They seem to emphasize the conviction that some so-called medical schools evidently admit to matriculation any sort of ignoramus that applies. As long as such is the case it surely is the wise thing for the State to bar the entrance to the profession by efficient and wideawake examining boards.

T. L. Barber, M. D.

DOES THE STATE LAW REQUIRE THE REPORTING OF CONTAGIOUS DISEASES?

Editor West Virginia Medical Journal:

In view of the fact that our next legislature will take up certain medical legislation, I wish briefly to call attention to a certain deficiency in our present laws that needs thorough revision. My recital will have to do with certain cases of scarlet fever that occurred here in our town recently, and which a certain physician concealed from the public and failed to report to the town board of health. During the past few months several cases of scarlatina have occurred in the town and neighborhood, the first cases occurring in the practice of the physician who was the executive officer of the town board of health. The doctor promptly designated the house by a flag, and the man in whose family the cases appeared, being one of the leading merchants of the town, stayed away from his business for nearly one month. The next cases occurred in a family of Saints, or Divine Healers, who lived just on the edge of the corporate limits of the town. Two of the local doctors saw these cases and pronounced them mild cases of scarlatina, but were told by the parents that they did not want any medical attendance; but as the neighbors were anxious to know what the disease was they had the doctors call and see them. The mayor of the town was notified of the cases and advised to quarantine against them. But it was not done, and it is certain that they helped spread the malady, as it is reported that they were at school by the advice of a certain doctor, who told them to go when they had not yet completed the stage of desquamation. Two other families in the town up to this time had cases in their homes which the attending physician promptly reported, and the town board of health established a quarantine at once.

About this time we come to the interesting part of this recital. It had been currently reported that there was scarlet fever at the home of a certain Mr. Blank, who has a small store here and has his residence in the same building. The next door neighbor of this man came into the office of the physician, who is on the town board of health, and told the doctor that they certainly had scarlet fever at Mr. Blank's, for he was in there the day previous and had seen the children, who were broke out with a red rash all over, had sore throat and strawberry tongue, etc. The doctor at once conferred with the other members of the board, and they decided to investigate and find out whether these were cases of the disease at this place, as none had been reported. The board's physician started to interview the person at whose house the cases were supposed to be, and on his way met with another physician of the town, whom he had accompany him and hear the conversation. They found Mr. Blank in his store room ready for business. The board's physician asked Mr. Blank if he didn't have some sick children in his family, to which he replied that two of his children were sick. The doctor then asked him if a physician had seen them. He said yes, Dr. Blank (whom for convenience, and as it is at the same time very applicable, we will call Dr. Wine of Cardui.) The doctor then asked him what Dr. Wine of Cardui said the children were afflicted with. He said that Dr. W. of C. said that they had the same rash that was going around. The doctor said that was very indefinite, as there might be small-pox, diphtheria, measles and other things going round. The doctor then asked him if Dr. Wine of Cardui told him that it was scarlet fever. He said that Dr. W. of C. said he supposed it was, and for him to keep his children in the back room with the door locked. The town board of health then asked the mayor of the town to summons Dr. Wine of Cardui to meet with him and the board at Mr. Blank's store, and if he had scarlet fever there, show why he had not reported it, and designated the house as having a contagious disease in it. The mayor of the town, being a so-called Saint and in town politics with Dr. Wine of Cardui, was very reluctant to go into the case. The physician of the board at the meeting asked Dr. Wine of Cardui what he had at Mr. Blank's. He replied that he

diagnosis. He was then asked if he had any scarlet fever there. He said positively he had not ,and went on to say that he had examined the urine for albumen and found none, and had also been looking with the microscope for the germ, which the board's physician wished to know if he had found, or if it had ever been found. After some parlying the board's physician told Dr. Wine of Cardui that all they wanted to know was whether he had scarlet fever there or not. He said he had not, and had no cases in the town or anywhere else in his practice. Later it became evident that Dr. Wine of Cardui was falsifying, as there was under this same doctors' care another family in the town with what he had told them was scarlatina, and for the man of the house to change his clothing and go on into town to his business. Then the physician of the town went in and examined the cases at Mr. ——'s and reported two well-developed cases of scarlet fever, and had another physician of the town also see the cases, which he also said were scarlet fever well developed. This was about one hour after Dr. Wine of Cardui said he had no scarlet fever there, and one of the children was in the stage of eruption and the other in the stage of desquamation.

On these grounds a warrant was sworn out for Dr. Wine of Cardui by one of the members of the town board of health, charging him with concealing the fact that he had these contagious diseases in his practice, and failing to notify the proper authorities. The following morning a member of the county board of health was called in and examined the cases, and when the case came before the magistrate for trial, this member of the county board testified that from the symptoms present he would call the cases nothing else than scarlet fever; and stated further that Dr. Wine of Cardui told him about a week previous to this time that he had some cases of scarlet fever in the town. The other evidence went to show that Dr. Wine of Cardui had told the parents of these children that they suffered with scarlet fever, and left the impression that it was a contagious disease. And the lawyer for the board, who, by the way, is considered one of the ablest in the state, said that we had enough evidence to hang Dr. Wine of Cardui had there been any statute providing a penalty for the case in question. Chapter 150 of the Code says these cases shall be reported, and the balance is a loop hole. The magistrate said under the statute he would have to find Dr. Wine of Cardui not guilty. In the opinion of your correspondent, the state board of health should take hold of an offender of this kind and make him feel it to such an extent that he would not have the opportunity of ever repeating such an offense against the public health.

SANITAS.

(We are asked for our opinion as to the above case. We are not sufficiently acquainted with the law to give a positive opinion, but are of the impression that the county boards, operating under the instructions of the State Board of Health, have full authority to enforce quarantine in cases of infectious disease. In Wheeling, and doubtless other cities in the state, such matters are governed by city ordinance, which any incorporated town probably has authority to enact. In the opinion of the writer, who has had eleven years' experience as City Health Officer, it is not necessary or wise to make the quarantine of any disease (unless it be variola), so rigid as to compel a business man to leave his business and isolate himself. If the patient be placed in an isolated room and no one but the nurse be allowed to enter until the patient is ready to again mingle with the people, the public will be protected.—Editor.)

In Memoriam

DR. JOHN T. COTTON.

In the death of Dr. John T. Cotton, who died Sunday morning, March 4th, 1906, Charleston lost a representative citizen of high character, scholarly attainments, and genial and lovable personality.

He came of distinguished ancestry, one branch of which has for many years been settled at Combermere Abbey, Cheshire, England, and is now represented by Lord Combermere. His ancestor, in the direct line, was the famous Puritan divine, Rev. John Cotton, whom Cotton Mather calls "The Father and Glory of Boston." His father, Dr. John Cotton, a graduate of Harvard College, was a man of ability and influence, who took a leading part in the development and progress of the new settlement in Ohio. He was a leader of the Whig party, and became a member of the state

legislature and president of the state central committee. He was also the leading physician of Marietta and one of the founders of Marietta College. He died in 1847, leaving three sons, all of whom became distinguished in the medical profession.

The subject of this sketch was born in Marietta, Ohio, August 4th, 1819. He graduated from Marietta College in 1838 with the degree of B.A. and later had conferred upon him the degrees of A. M. and L. L. D. He was one of the first alumni of that memorable institution, and at the time of his death was the only living member of his class.

He studied medicine under his father, and finished his course at the Ohio Medical College at Cincinnati, with the degree of M. D.; after which he moved to Ravenswood, W. Va., and practiced his profession.

In 1845 he married Sarah Ashton Fitzhugh, daughter of Henry Fitzhugh, and a grand niece of General Washington. Desiring to seek a broader field for the practice of his profession, he moved to Charleston in 1845, and formed a partnership with Dr. Spicer Patrick, the leading physician of the place. After the retirement of Dr. Patrick, Dr. Cotton was for many years esteemed the foremost physician of the city, enjoying a large and lucrative practice, until increasing years, and a desire for rest, induced his own retirement from active professional life.

He has been for many years an active and zealous member of St. John's Episcopal church, in whose prosperity and advancement he has always taken a deep interest.

Dr. Cotton was a public spirited man, and has always contributed liberally to the improvement and development of the city, and enjoyed in an unusual degree the confidence and esteem of all classes of his fellow citizens.

Dr. Cotton met with an irreparable loss in the death of his wife, July 30th, 1883. His two sons, John and Henry Fitzhugh, died several years ago, and he is survived by his three daughters, Mrs. E. W. Wilson, Mrs. Frank Woodman, and Mrs. W. B. Donnally. These, with his daughter-in-law, were in loving attendance at his bedside.

Dr. Cotton became a member of the State Medical Association in 1886, but as he was advanced in years, he never took a very active part in its proceedings.

DR. ALFRED SPICER PATRICK.

Son of Spicer Patrick and Lavinia Virginia Mary Bream, was born in Charleston, Virginia, August 6, 1831. He spent his early youth in his native town, where he prepared for college under the Rev. Dr. John Brown.

In 1845 he matriculated at Marietta College, and graduated from that institution in 1849. He entered immediately upon the study of medicine. Having completed the course at the Medical College of Ohio, in Cincinnati, he continued his studies in Louisville and in Philadelphia.

For several years he practiced his profession in Mason City, Ohio. Shortly before the war he returned to Charleston.

In 1861 he enlisted with the Kanawha Valley Riflemen. In a short time he was made surgeon of the Twenty-second Virginia regiment, and served honorably and faithfully in that capacity until the close of the war.

In 1862 he married Virginia Amanda Mathews of Lewisburg, Virginia. When the war ended he took up his residence in Charleston. In 1872 he moved to Lewisburg, but returned to Charleston in 1889. Here he spent the remaining years of his life. He died January 23, 1906.

His wife and three children, Major Mason M. Patrick, Mrs. J. W. Hill, and Mary Maud Patrick, survive him.

Society Proceedings

Berkeley-Jefferson-Morgan.

At the November meeting of the Berkeley County Medical Society it was decided to call a convention of the physicians of Morgan, Jefferson and Berkeley counties, for the purpose of organizing a tri-county medical society. A number of physicians of these counties responded to the call, and on December 27, in Martinsburg, the merger was effected, and the Eastern Panhandle Medical Society was organized.

The object of this coalition is to bring into close touch, professionally and socially, every physician in these three counties, and to promote scientific work by discussion and research. The meetings are to be held quarterly, and the first will be in Charles Town on Wednesday, April 10, at 2 o'clock p. m. The officers and charter members are as follows:

President, Dr. J. McK. Sites, of Berkeley county; First Vice President, Dr. A. L. Grubb, Morgan county; Second Vice President, Dr. R. E. Vennings, Jefferson county; Secretary, Dr. R.

W. Miller, Berkeley county; Treasurer, Dr. F. M. Phillips, Jefferson county.

Dr. A. L. Grubb, Dr. George E. Gilpin, of Berkeley Springs; Dr. R. N. Marshall, of Shenandoah Junction; Dr. William Neill, Dr. R. E. Venning, Dr. A. G. Albin, of Charles Town; Dr. F. M. Phillips, of Harpers Ferry; Dr. C. C. Lucas, of Kearneysville; Dr. G. S. West, Dr. G. W. Daniels, of Gerrardstown; Dr. A. J. Lemaster, of Bedington; Dr. D. B. Fry, of Hedgesville; Dr. Edgar L. LeFevre, Dr. G. W. Swimley, of Bunker Hill; Dr. A. Andrews, Dr. N. D. Baker, Dr. H. S. Castleman, Dr. A. Bruce Eagle, Dr. W. T. Henshaw, Dr. R. W. Miller, Dr. S. N. Myers, Dr. M. E. McCormack, Dr. M. Virginia McCune, Dr. J. W. McSherry, Dr. T. K. Oates, Dr. J. McK. Sites, Dr. Clifford Sperow, Dr. G. J. E. Sponseller, of Martinsburg.

Barbour-Randolph-Tucker.

The following letter and program were sent out by the live secretary of this society:

Albert, W. Va., December 26, 1906.

My Dear Doctor:—It is possible that you have been unable to attend all the meetings of our society. If so perhaps a few lines from me concerning its present condition may not be amiss. To begin with our numbers have been very greatly increased during the present year. Including applicants we now have almost all of the desirable physicians within our bounds enrolled with us. There are still a few, a very few, eligible men who have not yet joined. If you know of any such will you not use your best endeavors to get them in? There are in the state but two county societies having a larger membership than ours; each of these numbers fifty-nine. We number fifty-one and have nine applicants. Don't you think we are doing well when our population is compared with the population of such places as Wheeling, Charleston and others? All of our meetings have been well attended and full of interest. You may well believe this when I tell you that no meeting, so far as I can remember, has adjourned before midnight and most of them much later.

Doctor, if you are one of the absentees may I not ask your reasons for not being with us oftener? Don't say you are too busy. I have noticed that the busiest men are often the most regular in attendance. Perhaps the papers don't suit you. This you can easily remedy by writing one yourself. If you don't care to write it get one of your friends to write it. If you don't have it ready by the time the program goes to the printer, come and read it anyway. You will see on every program a place for voluntary papers. I will assure you of an attentive audience and a good discussion. Perhaps the officers don't suit you. If so turn out and help elect others. Perhaps the meeting place don't suit you. If so say so. The members who attend every time have always shown a most liberal spirit as to the place of meeting. Incidentally, let me say it is not the Elkins members who cause the most of the meetings to be held in that place.

Can we not count on you for the January meeting? Among other things of importance the insurance question comes up at this time. Dr. Taylor, of the Medical World, very kindly furnished me with a list of names of companies still paying a $5.00 fee. Since that time a list has appeared in The Journal of December 8th.

Aetna Life, Hartford, Conn.; Capital Life, Denver, Col.; Manhattan Life, New York; National Life, Montpelier, Vt.; Commonwealth Life, Louisville, Ky.; Northwestern Life, Milwaukee, Wis.; Penn. Nutual Life, Philadelphia, Pa.; Boston Mutual Life, Boston, Mass.; Citizens Life, Louisville, Ky.; Fort Worth Life, Fort Worth, Tex.; Mutual Benefit Life, Newark, N. J.; Reliance Life, Pittsburg; Mass. Mutual Life, Springfield, Mass.; Pacific Life, San Francisco, Cal.; Conn. Mutual Life, Hartford, Conn.; New England Mutual Life, Boston, Mass.; Provident Life and Trust Co., Philadelphia, Pa.

This list contains the names of some of the most conservative, best managed and best dividend paying insurance companies in America. Why not help push the companies that pay a $5.00 fee? A little active work along this line would work wonders.

Doctor, turn out, pitch in and help keep our society right in the lead all the time.

Fraternally yours,

A. P. BUTT, Secretary.

Albert, W. Va.

PROGRAM FOR JAN. 6—HOTEL RANDOLPH, ELKINS.

Afternoon Session, 2:30.

Address of the President, Dr. O. L. Perry; Exhibition of pathological specimens, Dr. W. W. Golden; Ten Years in Obstetrics and a Few Conclusions Therefrom, Dr. C. B. Willams; discussion opened by Dr. Chas. L. Moore; Forceps, Dr. S. D. Few; Version, Dr. Ravenscroft; Hemorrhage, Dr. Dear; Placenta previa, Dr. Rodgers.

Each member present is requested to give a short, concise account of some instructive obstetric case occurring in his practice.

Evening Session.

Arthritis Deformans, Dr. H. J. Cherry; discussion opened by Dr. Irvin Hardy; Fractures, Dr. A. P. Butt; Discussion opened by Dr. Crittendon; Fractures of the Arm, Dr. Baker; Fractures of the Thigh, Dr. Gilford; Fractures of the Vertebrae, Dr. Owens; Colles' Fracture, Dr. Michaels; Pott's Fracture, Dr. Rohrbaugh; Compound Fracture, Dr. Carwell.

All are requested to present something interesting in the way of splints, dressings and specimens of fractured bones.

Report of cases and reading of voluntary papers.

Presentation of cases.

Cabell County.

The Cabell County Medical Society met in regular session at Dr. Hawes' office, December 13th. There was considerable discussion relative to the fee paid for insurance examinations which will be again taken up at the January meeting. The following officers were elected:

Dr. C. C. Hogg, President; Dr. C. M. Hawes, Vice President; Dr. Jas. R. Bloss, Secretary, Huntington; Dr. I. R. LeSage, Treasurer.

Fayette County.

The Fayette County Medical Society met at Thurmond, W. Va., December 14, 1906, at 8 p. m.

The President and Vice President being absent on acount of sickness, the Secretary, Dr. C. F. Mahood, called the meeting to order and Dr. L. B. Rupert was elected chairman.

The following members were present: Drs. J. R. Hunter, E. Y. Willis, L. B. Rupert, O. J. Henderson, John B. Woodville, H. L. Goodman, B. B. Wheeler, G. D. Lind, J. W. Mankin, W. W. Klase, J. J. Davidson, W. E. Dempsey.

Dr. G. D. Lind read a paper on scarlet fever, and I am sure it was enjoyed by all present. Dr. O. J. Henderson brought up the subject of life insurance examination fees. After a lengthy discussion the president apopinted the following as a committee to investigate the subject and see what our sister societies are doing in regard to this matter and report with suggestions at our next meeting. The following were apopinted: Drs. O. J. Henderson, E. Y. Willis, J. R. Hunter, W. W. Klase and John B. Woodville. The following officers were elected for the coming year: President, Dr. J. W. Hopkins; Vice President, Dr. C. F. Mahood; Secretary, Dr. W. C. Dempsey; Treasurer, Dr. H. L. Goodman; Board of Censors, Drs. J. E. Coleman, E. Y. Willis and G. D. Lind.

Number of members paying county and state dues, ten. No further business appearing, the society adjourned at 11 p. m.

W. E. DEMPSEY, Secretary.

Marion County.

The annual meeting of the Marion County Medical Society was held at the Miners' Hospital Wednesday afternoon, December 26, with a large attendance of the members present. The reports for the past year showed the society to be in fine condition and a great benefit to the members. Officers were elected to serve for the coming years as follows:

President, Dr. Hal Hall; Vice President, Dr. W. C. Jamison; Secretary, Dr. J. W. McDonald; Treasurer, Dr. W. H. Sands; Member of Board of Censors, Dr. J. A. Riedy; delegate to the State Association for two years, Dr. H. R. Johnson; delegate to the State Association for one year, Dr. C. L. Holland.

State News

Dr. H. K. Owens, of Elkins, is again in the harness after an illness of nearly two months' duration, resulting from a bad infection of his left hand.

Dr. J. H. Ravenscroft, health officer of Tucker county, has the smallpox situation at Laneville thoroughly in hand.

Dr. Keim, formerly of Indiana, is looking after the practice of Dr. Hardwick at Davis, while the latter is away doing post-graduate work.

Dr. J. C. Kibler, of Correy, Pa., has located in Elkins. He has signified his intention to join the local medical society.

Dr. S. G. Moore has moved from Copen to Coalton.

Dr. F. Holsberry has moved from Meadowville to Copen.

Dr. C. L. Moore has moved from Coalton to Harding.

Dr. O. S. Gribble, of Beverly, recently married Miss Neva Hutton, of Huttonsville.

Dr. A. C. Blair, of Coalton, is recovering from pneumonia.

Berkeley County.

Dr. J. W. Hoover, of Darkesville, Berkeley county, W. Va., has moved to Oklahoma.

Cabell County.

Thomas Waterman Moore, Jr., arrived at the home of our worthy State Association secretary on December 20th. On hearing the news the editor at once, like Dickens' Silas Wegg, "dropped into poetry" and sent the following to the happy father:

Long life and happiness attend the lot
Of your dear son, the junior Thomas Wat!
May he as wise as Thomas, senior, grow,
And wealth into his coffers early flow!

Fayette County.

Dr. P. B. Pendleton, of Longacre, W. Va., returned recently from a stay at Mt. Clemens, Mich., where he was considerably benefitted by the baths.

Dr. L. E. Rupert, of Montgomery, W. Va., who has spent some months at Ashville, N. C., and other health resorts, is now at Boulder, Colorado, where he is improving rapidly.

Kanawha County.

Dr. P. W. Howle, of Mt. Carbon, W. Va., is back after a six weeks' post-graduate work in New York City.

Dr. E. A. Davis, formerly of Mammoth, W. Va., is located in Charleston.

Dr. J. E. Cannaday, of Hansford, W. Va., lately returned from a visit to New York and Baltimore. While in the latter place he attended the sessions of the Southern Surgical and Gynecological Association.

Dr. W. W. Tompkins, of Charleston, W. Va., has returned from a recent visit to New York.

McDowell County.

From the third biennial report of the Miners' hospital No. 1 (for a copy of which we are indebted to Dr. H. D. Hatfield, chief surgeon), we extract the following:

"In 1905 the institution treated 578 patients, which equals an average of 47 11-12 patients daily. These patients remained in the institution on an average 30 days each, making the total number of treatment days 17,459. It is with considerable pride that we direct your attention to the fact that while many of these patients have undergone the most serious kinds of operation, as is shown by the superintendent's detailed report, the average cost of the treatment in each case, everything included, has been only $38.31. For the following year

the total number of patients treated was 733, the average number treated daily being 54 1-6 and the average length of treatment 27 days, the total number of treatment days being 19,770, and the average cost of each case for the 27 days $36.33. The superintendent's report shows that the average cost per day for maintenance for each patient in the institution in 1905 was $1.26, and in 1906, $1.34."

The hospital is evidently doing a good work, and since the state has entered into the hospital business, which was, in the writer's judgment, a mistaken policy, these institutions must be properly equipped and supported, which means the expenditure of a large amount of money from the public purse, most of which should be paid by those who are mining riches from the "West Virginia hills."

Ohio County.

The Ohio County Medical Society held its annual banquet at the Hotel Windsor on the evening of January 17th. About fifty members seated themselves at 8:15 o'clock. After ample justice had been done the menu, the genial Dr. Dickey was introduced as toast master, a selection that all recognized as the best that could have been made. After a short speech by the Doctor, touching the medical society and its objects, the following toasts were responded to:

Specialism—Dr. Gregory Ackermann.

The Railroad Surgeon—Dr. John A. Campbell.

The Fraternal Spirit—Dr. Robt. J. Reed.

A Doctor's Education—Dr. E. A. Hildreth.

Glimpses Abroad—Dr. Frank Hupp.

Around the World—Dr. H. E. Oesterling.

We regret that lack of space forbids extended notice of the speeches, which were instructive, witty, entertaining and elevating. Some of them were worthy of publication in full.

Before the assembly broke up, which was not until 2 a. m., nearly every one present was afforded an opportunity of expressing himself, and there was a consensus of opinion that the occasion was one of the most enjoyable in the society's history, and it will certainly be followed by excellent results. The very efficient committee of arrangements was Dr. J. G. Walden, chairman; Dr. W. C. Etzler and Dr. W. S. Fulton.

New Members.

The following new names have recently been added to our membership roll. If any have been omitted they should be sent at once to the State Association secretary:

Cabell County—Drs. C. M. Brown, Geo. W. Turley, Huntington.

Gilmer County—Dr. S. W. Varner, Glenville.

Fayette County—Dr. E. H. Morgan, Eagle.

Kanawha County—Drs. E. J. Stahl and Edwin A. Davis, Charleston; and Geo. McJones, Island Branch.

Ohio County—Drs. A. B. Nichols, O. D. McCoy, A. J. Quimby, T. F. Downing, C. W. Ulfert, J. R. Hersey, Walter M. Dalby, L. E. Rex, M. B. Kelly, M. Gaydosh, J. W. Myers, C. M. Truschel, J. S. Smith, J. W. Abercrombie, all of Wheeling.

Putnam County—Dr. A. Y. Martin, Winfield.

Randolph County—Dr. J. L. Bosworth, Huttonsville.

Tucker County—Dr. W. A. Campbell, Davis.

Tyler County—Dr. Victor Hugo Dye, Sistersville (former member).

State Secretary's Letter.

The attention of our county society secretaries and members is called to the following letter of Dr. T. W. Moore. It has been sent to every society, but is printed here for the purpose of emphasizing the importance of giving it immediate attention, as the Journal is sent only to those who have paid their dues:

Dear Doctor:—As you are probably aware the State Association dues, according to the by-laws, must be paid to the secretary before April 1st. Please make a special effort and try to get all of your members to pay up promptly so that the lists will come in complete at one time, giving each doctor's name and address, and in case of new members, the name of the college from which he is a graduate, the year of his graduation, and the date of his license to practice in West Virginia. These details are very essential as I must report them to the American Medical Association.

If possible, send a type-written copy. This avoids error in spelling the names, which occurred in a few cases last year.

Make all checks for dues payable to T. W. Moore, secretary.

Certificates for 1907 are now ready and will be mailed to the members as soon as dues are paid.

I think it important that we emphasize the fact that the $2.00 paid is $1.00 for State Association dues, and $1.00 for subscription to the Journal, which will be sent to those members only who are reported as paid up.

We have every reason to believe that we will have a larger membership this year than ever before, and a larger attendance at the meeting at Huntington in May. I know that I can count upon your earnest co-operation in making it so.

With best wishes, I am as ever,

Yours very truly,

T. W. MOORE, M. D., Sec'y.

Huntington, Jan. 1, 1907.

Medical Outlook

Diphtheria Antitoxin in Chorea.—Hamilton saw a case of diphtheria in a boy 15 years old about nine years ago. The patient had suffered from an aggravated form of chorea for several months. He gave the boy full doses of diphtheria antitoxin, after which the chronic symptoms disappeared and did not return. The boy lived only one week. Recently Hamilton attended a young man who suffered from chorea following rheumatism. Delirium developed into a violent mania, and it was plain that unless relief was soon afforded death was not far distant. Three thousand units of diphtheria antitoxin were administered, after which the Choreic symptoms were so much relieved that all restraint was removed. After two more doses ,the first of 1,500 and the second of 2,000

units of antitoxin, all irregular muscular symptoms subsided and have not yet returned. It is now over a month since this treatment was instituted.—Medical Record.

Determination of Indican in Urine.—Gurber uses osmic acid instead of calcium or ferric chlorid in the Jaffe test for indican in the urine. A reagent glass is filled one-third full of urine and the glass is then filled wih a concentrated solution of hydrochloric acid, and two or three drops of a 1 per cent solution of osmic acid are added. In a few seconds the fluid turns violet or almost pure blue, according to the proportion of indican. Osmic acid is much more reliable than the other substances previously used for the test.—Jour. A. M. A.

Arbutin.—In the Critic and Guide for October W. J. Robiuson calls attention to arbutin, the glucosid of uva ursi as a remedy entirely too much neglected by the profession. He asserts that uva ursi will not accomplish the same thiug, as such large doses would have to be administered that the inert and irritating matter would do more damage than the arbutin would do good. Arbutin never upsets the stomach and its action in weak bladders with imperfectly closing sphincters is quite marked. Chronic gonorrheas of long standing are frequently accompanied by dribbling of the urine, and in such cases arbutin should always be administered. As to the dose, some give it in small doses, one centigram (one-sixth grain) every half hour or so. He prefers, however, to give it in larger doses, three to twelve centigrams (one-half to two grains) every hour. He recommends a thorough and more general trial of the remedy.

Medical Treatment of Uterine Fibroids.—Lamendeau reports (Le Journal de med et de chirurgie) an interesting case of a woman, 38 years of age, who suffered with carcinoma of the breast and with uterine fibromyoma. She was very anemic on account of the great loss of blood at her menstrual periods. The breast was removed by Dr. Mercier, but the operation of hysterectomy was deferred for six months on account of her poor general condition. She came under the care of Dr. Lamendeau, who gave her tablets of arsenic and strychnine (0.02 gr. ea. after each meal) and 15 or 20 grains of quinine, in one dose, each morning during her menstrual period, and she was directed to remain in bed while the flow continued. After five or six months of treatment she was again examined, and the fibroids were found to have almost entirely disappeared. At this time the menses were regular, there was no longer any pains, and the general condition had greatly improved, so that there was no longer any question of operation.—New York Medical Journal.

Operation for Hemorrhoids.—The operation employed by Randall on more than 300 cases may be described briefly as follows: After the usual preparatory treatment the patient is anesthetized. The hemorrhoids are seized with forceps and ligated as tightly as possible close to their bases with stout catgut, or if too large, they are transfixed and tied in two portions. They are then cut off with scissors so close to the ligatures that the latter fall off. This completes the operation. A morphin suppository is inserted and the patient is put to bed. The first thing the next morning the patient has a dose of a mild mercurial preparation which is repeated in a couple of hours, if necessary. The same thing is done the following morning, and the patient may he allowed to get up and move about. In the great majority of cases the patieut can go about his business in a very few days, certainly less than a week. There is no serious hemorrhage. On only one occasion did a patient bleed profusely. Randall has not yet had to operate on a patient a second time, although several of them had been previously operated on by other methods before coming under his care.—Jour. A. M. A.

The Treatment of Pertussis With Chloroform.—A child suffering from whooping cough had to be anesthetized for the purpose of performing the reduction of a luxated hip joint. The anesthetic employed was chloroform, and an unexpected side effect consisted in the complete disappearance of the previously very frequent attacks of coughing. The author thereupon chloroformed nine other children having pertussis, all successfully. In two of these children the attacks subsided immediately, in four they disappeared within four days, in three within a fortnight. A single narcosis, of moderate degree, without extinction of the corneal reflex, lasting five minutes, invariably proved sufficient. Not only were the attacks observed to subside, but there was an improvement of the cyanosis, vomiting, sleep and appetite.—Jour. Ark. Med. Society.

Idiosyncrasy to Use of Cocaine.—Dr. T. W. Moore, of Huntington, reports in the Journal of the Am. Med. Asso. a striking idiosyncrasy to the use of cocaine in the eye, in a patient who also has a susceptibility to quinine—which is not infrequent—his body becoming nearly covered with giant hives with great swelling after so small a dose as two grains. Moore tells us that in using a mydriatic (homatropine) in a 4 per cent solution of cocaine, the patient's eyelids became so swollen that it was almost impossible for him to open them sufficiently to see to go about. There was considerable chemosis and redness, the cornea anpearing sunken. This was not at the time attributed to the cocaine, but in about four months afterwards the patient returned with a foreign body in the eye. Immediately after the instillation of one drop of a 4 per cent solution of cocaine the patient exclaimed: "That is the medicine that swelled my eyes," and in five minutes the swelling of lids and conjunctiva was very apparent and in half an hour the palpebral fissure had become a narrow slit. In both instances the swelling subsided within 24 hours.

Operate in Typhoid Perforation.—There is no longer any doubt about the necessity for surgical operation in cases of perforation, nor any wisdom in selecting cases for operation. Every person should have this chance of rescue

from certain death, and the only contraindication to operation is a moribund condition. Early diagnosis and early operation mean the saving of one-third of these cases, and the weight of opinion and experience is now against waiting until the second twelve hours. The symptoms of perforation should be constantly in mind in every case of typhoid, and should be promptly recognized before peritonitis supervenes to cloud the picture and to render surgical help futile. A peculiar change in the facial expression associated with a feeble running pulse and shivering often precedes the development of the characteristic pain. This pain is of sudden, severe onset and increasing intensity, localized at first in the right iliac fossa but soon becoming general. Tenderness and rigidity, followed by symptoms of collapse, and later by abdominal distension, make up a suggestive picture, but it is doubtful if there is a single distinctive symptom, although muscular rigidity newly arisen, with coincident increase in the pulse rate, may furnish the key-note of diagnosis.

Conditions which may simulate perforation are pleurisy, pneumonia, cholecystitis, perforation or rupture of gall bladder, acute gastrointestinal indigestion, iliac thrombosis, appendicitis, sloughing of a mensenteric gland, peritonitis, renal calculus, distended urinary bladder, rupture of an acute splenic abscess, and abdominal myositis. In cases of doubt it is better to operate, as typhoid patients stand exploratory laparotomy very well. Cases of peritonitis not due to perforation will not be injured by laparotomy. It must never be forgotten that perforation often occurs without the fulminant symptoms supposed to be characteristic. —Nammack in Medical Record.

Dionin.—In Opthalmic Record G. C. Savage observes that since dionin is neither a mydriatic nor a myotic, it has been hard to understand how it can help atropin to dilate the pupil in iritis, and also aid eserin in contracting the pupil in glaucoma. Recent observations on cases of iritis in which there was not only complete adhesion of the pupillary margin to the lens capsule, but the pupillary opening was also filled with plasma, and a solution of dionin was used five minutes after the instillation of the atropin, showed the plasma disappearing from day to day and at the end of one week it had entirely disappeared. The pupil dilated slowly, but in all there was practically complete dilatation. The disappearance of the plasma that could be seen was proof that the unseen plasma binding the iris to the capsule had also disappeared—that it had been dissolved and carried out of the eye by way of the lymph channels. There is no room for doubting that dionin did this work. It is reasonable to conclude that dionin helps to dilate the pupil in iritis by its solvent effect on the plasma that would cause and maintain adhesions, and that it hurries out of the eye the dissolved plasma by opening the lymph channels. The relief of pain is another very desirable effect to the credit of dionin. In the treatment of iritis the drug is invaluable when used, of course, in conjunction with atropin. How dionin aids eserin in contracting the pupil in glaucoma and how some contraction might be effected by dionin alone, would not seem hard to understand. By opening the lymph channels, thus encouraging the outflow of the watery contents of the globe it lessens intraocular pressure, thus allowing a freer flow of nerve stimulation to the sphincter muscle of the iris.—Merck's Archives.

Treatment of Typhoid Intestinal Hemorrhage.—Dr. Chapoton, of Michigan, gives the following treatment for intestinal hemorrhage of typhoid fever: If a trained nurse is in attendance, she is usually instructed, on the appearance of a fall of temperature which cannot otherwise be explained, to give the patient hypordermically morph. sulph. gr. ¼, atrop. sulph. gr. 1-150, to place immediately the ice-bag properly filled on the right lower quadrant of the abdomen and to notify the physician. Not infrequently these measures alone will be sufficient to check the loss, but should the hemorrhages be repeated, we may employ other means. The majority of these are not worth mentioning, but the repeated injection of purified ergotin or aseptic ergot until the physiological effects appear in the pulse has so frequently coincided with the cessation of the hemorrhage that although laboratory experiments are against us, we cannot help but feel that the injection has been of value. Another beneficial measure is the use of one or two pints of two to ten per cent of gelatin in warm saline normal solution by rectal injection or subcutaneously, if the precaution has been taken antecedently of sterilizing the solution. Should the primary or repeated losses amount to a considerable quantity, it may be well to have about six ounces of normal saline solution hypodermically injected every four hours until the vessels are again better filled. These small quantities are advised, inasmuch as hemorrhages have been known to recommence in several instances shortly after the injection of a pint of the solution.—Detroit Med. Journal.

Early Diagnosis of Cancer of Uterus.—Dr. John G. Clark presses the importance of the early recognition of uterine cancer with good prospect of recovery. The physician should insist upon a careful investigation when any suggestive symptoms are present, and if clinical evidence is deficient, the microscopic examination becomes the court of final resort. As a routine, uterine scrapings from all cases should be submitted for microscopic examination. The doctor presents the following "suggestive signs" which should be investigated by an exhaustive examination in any woman between 22 years of age and the climacteric period:

1. Any deviation of the menstrual period in the way of an excess or an intermenstrual discharge, especially in women beyond 30 years of age. The most suspicious of these are: (a) a mere show after slight exertion, defecation or coitus; (b) increasing length of the period, even if only one day more than has been her established habit. Every woman is a law to herself in this respect.

2. An exacerbation in amount or change in character of the discharge in a woman who

may have had a simple leucorrhea for months or years. Of these changes a free aqueous, acrid, or blood-tinged discharge is especially portentous.

3. A leucorrheal discharge in a patient who has never had it before.

4. Every atypical discharge in a woman after the menopause. These cases are especially liable to cancer and should, if possible, be even more exhaustively examined.

5. Pelvic pain of more than a few days' duration should always be an urgent reason for examination, although it is very seldom an early symptom of cancer.—Jour. A. M. Asso.

Typhoid Fever Control.—Dr. H. W. Hill, of Minn. State Board of Health, thus summarizes an excellent paper on this subject:

1. Typhoid fever is extremely prevalent in Minnesota.

2. It exists because, and will continue so long as the continuous circulation or "short-circuiting" of fresh human excreta exists here.

3. To stop this circulation means extensive and expensive construction or re-construction of sewage disposal systems, water supplies, etc., and the development of wide-spread interest in and understanding of "personal prophylactic cleanliness."

4. Pending these changes, the exclusion of typhoid excreta at least from this circulation must be secured.

5. The exclusion of typhoid excreta from this circulation can be accomplished—

(a) By the handling of all typhoid cases with proper hygienic precautions.

(b) By tracing and shutting down upon the specific sources of specific outbreaks.

6. Meanwhile the well-informed person can secure reasonably complete protection from typhoid fever, even in the least well equipped communities, by constant watchfulness concerning food, flies, fingers, water and milk. Briefly, typhoid fever is contracted only by the mouth, hence, watch the mouth.

7. Epidemiological diagnosis requires—

(a) The epidemiological data on each case.

(b) The tabulation and collation of these data.

(c) Inspection of the locality concerned.

(d) And last, not first, analysis of suspected sources of infection.—Minn. Asso. Jour.

Solanin in Epilepsy.—Dr. William F. Waugh, in a paper read before the A. M. A., June, 1906, gives an interesting description of this new drug.

Solanin is an adkaloid found in several species of solanaceae, and especially in the young shoots of the potato and tubers that have grown while exposed to direct sunlight and those that have sprouted. At some period in the growth of the potato the deep layers of the skin contain enough solanin to cause toxic symptoms. Rotting potatoes contain large quantities of solanin and the young buds contain enormous amounts.

Solanin is less depressing in every way than the bromids, and is useful in a large number of diseases in which the bromids are employed —in scaly skin diseases, rheumatism, acute respiratory ailments, and as an aphrodisiac; for nervous erethism, hyperesthetic states, asthma and whooping cough; cachexias, lymphatic stases, jaundice, and other cases in which the excretory passages are obstructed by debris; menstrual suppression from cold. cystitis, pudendal pruritus, feeble capillary circulation with cold extremities, delayed or recedent

It is said to be useful also in many affections of the nervous system in which pain and spasm are predominating symptoms. The use in epilepsy is particularly interesting, as it does not produce the undesirable action of the bromids. Depression of the sexual function, and acne are frequently due to the bromids, as many practitioners have learned to their sorrow. Solanin does not cause either of these symptoms, as it acts less upon the cerebral cortex and more upon the spinal cord by lowering its reflex irritability.

With a chemically pure alkaloid the average adult dose is 1-12 grain, and as yet it has not been found necessary to exceed one grain per diem. Should an overdose be taken the symptoms are a burning sensation in the throat, followed by an oppression of breathing. The antidote is lavage, strong tea or coffee, external heat, and hypdermics of strychnia.

The dose for children should be regulated in the usual manner. In all cases it is necessary to push the dose until unmistakable constitutional effects are secured, the remedial action lying close to the limit of beginning toxic action.—Jour. Minn. State Med. Assn.

Miscellany

Poisonous Nostrums.—We are not only against the sale of poisonous nostrums to the laity; we are against the sale of every poisonous drug and chemical, except on a physician's prescription. In Germany you cannot get five grains of phenacetin unless you have a doctor's prescription. The same state of affairs should prevail here. The sale of phenacetin, acetanilid, antikamnia, bromo-seltzer, etc., should be just as much under control as is the sale of strychnine, morphine and cocaine. The latter will kill quickly; the former poison the blood and weaken the heart slowly, insidiously, but none the less surely. Our motto should be: "No poison, either under its own name or under the guise of a patent medicine, should be sold except on a physician's prescription."—Critic and Guide.

Startling Report of Impure Drugs.—One result of the activity against impurities and adulterants in prepared foods and medicines, culminating in the pure food law, was an investigation into the quality of drugs sold in New York City. Astounding facts were made public some weeks ago. From the stocks of all the wholesalers in the city, samples had been purchased for analysis, and of these, the health board declares, only 20 per cent were found good, 16 per cent called for warning to the manufacturer, and 56 per cent were so bad as to justify legal action. Though official standards are prescribed for these preparations by the pharmacopeia, in many of them there was discovered an excess in active principles which made them exceedingly dangerous, while others

were so weak as to be practically inert. When it is borne in mind that these are medicines regularly prescribed by physicians, and not proprietary remedies, the possibilities of serious results are obvious. Radical reform, under threats of prosecution, was agreed to by the offenders.

Athletic Overstrain and Acute Cardiac Dilation result from the excitement of college contests and there must be as many cases with permanently damaged irritable hearts as among soldiers in war. Mature adults, as a rule, are not so capable of exerting themselves to such a point. Only the youth has the nervous energy and therein is the danger. The cases of "exhaustion" among the defeated "varsity" crew are really blots upon the medical profession—the professional trainer does not know of the after-results and is less to blame. His occupation should be eliminated from all colleges, and the boys left to the more natural methods they instinctively pursue. It is time to teach boys that mere muscularity and hard manual labor are not conducive to longevity, while moderate exercise is. The desire to develop the body as a means of developing the brain, has carried us too far. It is a matter which parents expect the faculties to remedy.—American Medicine.

ANNOUNCEMENTS.

A New Specialty in Medicine.

Physicians who are interested in the study and legitimate practice of the physical therapeutic methods, notably electro-therapy, photo-therapy, mechano-therapy, hydro-therapy, suggestion and dietetics, are invited to join the American Physiotherapeutic Association. Address the secretary, Dr. Otto Juettner, No. 8 W. Ninth St., Cincinnati, Ohio.

The officers for the ensuing year are: President, Dr. H. H. Roberts, Lexington, Ky.; Secretary, Dr. Otto Juettner, Cincinnati, Ohio; Treasurer, Dr. Geo. H. Grant, Richmond, Ind.

International Congress of Dermatology.

The Sixth International Dermatological Congress will convene by special invitation in the city of New York on the 9th of September of the current year, and will remain in session for one week. The first congress of this kind met in Paris in 1889, and since that time at intervals of about three years it has been held in Vienna, London, Paris and Berlin. At the Berlin meeting in 1904 New York was selected as the meeting place for 1907, and Dr. James C. White was elected president of the congress.

The Organization Committee extends an invitation to all to attend the congress and take an active part in its proceedings.

The themes selected for formal consideration are:

I. The Etiological Relationship of Organisms Found in the Skin in Exanthemata. II. Tropical Diseases of the Skin. III. A. The Possibility of Immunization Against Syphilis. B. The Present Status of Our Knowledge of the Parasitology of Syphilis.

A full program will be sent in June, 1907, to all who accept membership, or who signify their intention to attend the congress. Also details concerning transportation, accommodations, registration, etc. John A. Fordyce, M. D., Secretary-General, 80 West 40th Street, New York City.

Reviews

Surgery: Its Principles and Practice.—In five volumes. By 66 eminent surgeons. Edited by W. W. Keen, M. D., LL. D., Hon. F. R. C. S., Eng. and Edin., Professor of the Principles of Surgery and of Clinical Surgery, Jefferson Medical College, Phila. Vol. I: Octavo of 983 pages, with 261 text-illustrations and 17 colored plates. Philadelphia and London. W. B. Saunders Company, 1906.

A work in which are collected and preserved in permanent and accessible form the ripened experiences and matured judgment of one eminent as a practitioner and teacher is sure to be glady welcomed by the profession. The editor's long, busy and conspicuously successful career eminently qualifies him for this self-imposed task. The completed work, which he now lays upon the altar of his profession, in discharge of the obligation that rests upon him, as upon all of us, to render unto it the best fruits of our lives, will not only shed additional honor upon it and upon himself, but will for a long time to come be a most helpful factor in the equipment of those who go forth to strive in the field where he has achieved such merited success. After all, it is the ripened fruits that the profession most desires and approves, and it is better content to abide the time of the ripening than the young, the immature and the ambitious sometimes give it credit for being. The corps of collaborators which the editor has associated with himself has been chosen with full knowledge of the qualifications required and possessed in each individual instance. Vol. I, which has lately been issued, gives ample evidence of the thoroughness with which their work has been done. As to its mechanical features, no criticism could be offered. The paper, binding, typography and illustrations are models for the best work of the book-maker's art. This first volume naturally deals with the fundamental principles of surgery; the physiology and pathology of surgical processes, and the consideration of general surgical affections; destructive, reparative, and infective processes, etc. Of its twenty-two chapters, those on surgical physiology; and wounds and contusions, by Crile, embodying his investigations into the nature and treatment of shock; examination of the blood, by Dr. Costa; infection and immunity, by Hektoen; tumors, by Bland-Sutton; diseases caused by special infections; and diseases derived directly from animals, insects and reptiles, by Frazier; might be especially named. At the beginning of the work is an interesting chapter on the History of Surgery, with condensed

sketches of many who in ancient and later times have contributed conspicuously to its progress. The naming of these, however, must not be taken to indicate that any of the others fall short of the first order of excellence. Editor, collaborators, and publishers are to be heartily complimented on their work thus far, and the appearance of the subsequent volumes will be awaited with eager interest.—W.

The Practice of Gynecology.—New (3rd) edition, thoroughly revised. A Text-Book on the Practice of Gynecology. For practitioners and students. By W. Easterly Ashton, M. D., LL. D., Professor of Gynecology in the Medico-Chirurgical College of Philadelphia. Third edition, thoroughly revised. Octavo of 1096 pages, with 1057 original line drawings Philadelphia and London: W. B. Saunders Company, 1906.

When this work first appeared it was at once recognized as having peculiar merit. There was in it nothing hazy or uncertain. No space was wasted in the discussion of moot points, but the author's own opinions and methods were clearly set forth, these being the deductions of careful research and large experience. That a third edition should be demanded so soon is abundant evidence of unusual merit, and this merit we believe to consist in the careful detail with which every topic is treated. Methods of treatment and operations are most fully and accurately described and all needed instruments pictured so that there is little excuse for one who fails to understand. The writer's library contains more than twenty volumes on women's diseases, but he does not hesitate to say that for the general practitioner's use Ashton's work is by far the most valuable, and perhaps the only work on the subject that he needs.—J.

A Practical Treatise on Materia Medica and Therapeutics, With Especial Reference to the Clinical Application of Drugs.—By John V. Shoemaker, D.D., L.L.D., Professor of Materia Medica, Pharmacology, Therapeutics, and Clinical Professor of Diseases of the Skin in the Medico-Chirurgical College of Philadelphia; Physician to the Medico-Chirurgical Hospital; Member of the American Medical Association and the British Medical Association; Fellow of the Medical Society of London, etc., etc. Sixth Edition. Thoroughly Revised. (In conformity with Latest Revised U. S. Pharmacopeia, 1905.) Royal Octavo, 1244 Pages. Extra Cloth. **F. A. Davis Company**, Publishers, 1914-16 Cherry Street, Philadelphia, Pa.

A medical work that has been before the profession for nearly twenty years, and of which six editions have been called for, has demonstrated its right to live. "Shoemaker" has long been one of the few very widely used works on Materia Medica. This edition shows many evidences of careful revision. An entire new section of seventy pages has been added, containing much very badly needed information on incompatibles, prescription-writing, methods of administration, and changes in strength of drugs, also poisons and antidotes, classification of remedies and the general principles of therapeutics.

Part II follows with the full consideration of drugs in alphabetical order and their therapeutic application. We offer a criticism here that will apply to almost all works of this kind, viz., very many of the drugs treated of might be omitted without loss to the reader, who would thus gain time for the closer study of really valuable ones.

Part III treats quite fully and satisfactorily on "Non-Pharmaceutical Remedies and Expedients," these embodying electricity, massage, vibro., pneumo- and hydrotherapy and psychotherapy, and a consideration of suggestive therapeutics, is also presented. We know of no book in which is more fully considered the latest things in therapeutics. While the work is rather too full for the student, it is a most valuable work for the progressive practitioner's library.—J.

Saunders' Pocket Medical Formulary. New (8th) Edition, Adapted to the 1905 Pharmacopeia. By William M. Powell, M.D., author of "Essentials of Disease of Children"; member of Philadelphia Pathologic Society. Containing 1831 formulas from the best known authorities. With an appendix containing Posologic Tables, Formulas, and Doses for Hypodermic Medication, Poisons and their Antidotes, Diameters of the Female Pelvis and Fetal Head, Obstetric Table, Diet-lists, Materials and Drugs used in Antiseptic Surgery, Treatment of Asphyxia from Drowning, Surgical Remembrancer, Tables of Incompatibles, Eruptive Fevers, etc., etc. Eighth Edition, Adapted to the New (1905) Pharmacopeia. Philadelphia and London: **W. B. Saunders Company**, 1906, in flexible morocco, with side index, wallet and flap.

Little need be added to the above very full description of a book which is certainly one of the best of its kind. We do not believe such works should be used too freely, for they may lead to routine work. Occasionally, when a physician has exhausted his resources, especially when far in the country, away from library and professional aid., invaluable help may be had from such a book as this, and to the country practitioner, especially, it will often prove "a friend in need."—J.

Diabetes Mellitus; Its Pathological Chemistry and Treatment.. Lectures delivered in the University and Bellevue Hospital Medical College, N. Y. Herter Lecture Foundation. By Professor Dr. Carl von Noorden, Physician-in-Chief to the City Hospital, Frankfort-a-Main. **E. B. Treat & Co.**, Publishers, N. Y.

Van Noorden's studies of the disorders of metabolism and nutrition, of which this little work forms a part, have added much to our knowledge, and improved our treatment of these disorders. No article is written on these subjects that does not contain quotations from and reference to Von N.'s writings. This book consists of lectures delivered by the learned professor in the N. Y. hospitals, and no single book on the subject contains so much that is new and valuable touching the pathology and management of diabetes mellitus.—J.

The West Virginia Medical Journal

Published Bi-monthly
by
The W. Va. State Medical Association

Under the Direction
of the
Committee on Publication.

COMMITTEE ON PUBLICATION:
S. L. JEPSON, M.D., Chairman, Wheeling.
L. D. WILSON, M.D., Wheeling. J. L. DICKEY, M.D., Wheeling.
Entered as second-class matter August 10, 1906, at the Post Office at Wheeling, W. Va.

Vol. I.—No. 5. WHEELING, W. VA., APRIL, 1907. Subscription Price $1.00 per Year. Single Copies 20 Cents

Original Articles.

THE UTERINE CURETTE.

Chester Ogden, M.D., Clarksburg, W. Va.

(Read at Annual Meeting State Medical Asso. June, 1906.)

Surely since the day Eve, with her husband Adam, was driven from the Garden of Eden, before Sarah in her old age conceived and bore the promised son Isaac, long before Moses was laid away in the bulrushes to be saved as the leader of his people, and ere the news of the Child Jesus burst on the hill-tops at Bethlehem, has woman's womb been the source of pain. There is no doubt that woman in every age of the world, and among all the tribes of men, has sorrowed because of her womb. It is not, however, until the dawn of modern civilization, with its rapid and perverted ways of living, that so much uterine trouble has arisen, demanding so much consideration from the medical profession. Certainly it was not till within a century ago, that the instrument which gives title to my paper was introduced to the profession.

Speaking of the uterine curette, I speak in the rhetorical sense of the instrument for the operation for which it is used. I am of the opinion that this instrument, though intended for good, has become in its application, among surgical instruments, the most misused and abused. It is to be considered as the most potent factor in the causation of actual suffering, certain disappointment, and probable death, of any instrument, heretofore considered harmless, now used by the gynecologist and obstetrician. I feel reasonably certain that I but speak the sentiments of many physicians when I say that the sharp uterine curette, the operation and purpose for which it is used, bring us more unfavorable and disappointing results than are found in any other department of our work.

It is not my purpose to assail the user of this instrument, or criticize any one for its promiscuous use more than myself, for I freely admit my mistakes in its use, as I fear too many of my professional brothers are making to-day, and I come to you with the hope that I may in some degree prevent the same mistakes in the hands of others.

The uterine curette is by choice the instrument the would-be surgeon selects for his first important operation, that he may attain surgical prominence, thus impressing the laity of his having performed some wonderful piece of surgery, and laying claim to large fees for operative procedure and surgical interference that should have been left unperformed.

The profession generally has been too prone to resort to the curette as a relief from every abnormal condition of the uterus, expecting in it the means of both establishing a diagnosis and effecting a cure. It has been used for the mildest endometritis as well as for the most severe pelvic disease, for hemorrhage, sterility, leucorrhea, salpingitis, diseased ovaries, and for nearly every pelvic disease peculiar to womankind. With some there is no disease so grave as to bar its use, and no path-

ological condition so mild as to escape its application.

In speaking of the curette, I shall mention both the sharp and the dull, limiting the extent of their use, and widening the extent of their abuse. Distinguishing between the two, we understand that curettage is done only with the sharp curette. The process of removing placental debris and blood clots, as done with the blunt loop curette, is no more a curettage than is the use of the finger for the same purpose.

Indications and Contraindications for the Curette:—When we have a pathological condition within the uterus, presenting an abnormal endometrium, when the previous history of the case, and the local conditions point to the probability of carcinoma, sarcoma, polypoid growths, cysts, etc., we may with propriety use the sharp curette to remove portions of intra-uterine tissue for diagnostic purposes.

Too often we are led to believe by destroying a diseased endometrium a more healthy normal one will be formed. This result we have all led ourselves to believe can be reached, and in our believing, promise our patients that by scraping the womb we can cure chronic catarrhal endometritis and all inflammatory conditions of the uterus. To accomplish such a result, it is plain that all old diseased lining must be removed, and not a particle remain, and anyone who has ever used this instrument knows, that no one with a small sharp curette, simply by scraping around in an unknown cavity, can remove every particle of diseased tissue within any more than he can locate every article in a darkened room with which he is not familiar.

Further, granting that it were possible to touch every particle of endometrium, if the result of curettage is observed in the extirpated uterus, we will find the utter impossibility of removing the endometrium by the curette, even by the most vigorous application, saying nothing as to amount left unremoved in the unextirpated uterus—on which a curettage has been blindly done.

All over the land, in hospital and private practice, in this day of advanced thought and practical application, we find inveterate "womb scrapers," men who really believe that curettage is the panacea for every woman's ills, and will bring health and happiness to all affected with pelvic disease, as well as to those who resort to it as a means of doing an operation that they may have fame abroad as surgeons.

In my opinion, there is no operative procedure that requires more skill, a more perfect knowledge of pathology, and a more delicate experience with instruments, than uterine curettage. In my own observation and experience, I have found that the sharp curette, as used in the majority of cases, has done more harm than good, and that the majority of patients have been disappointed in obtaining the relief so much desired. The woman who undergoes a uterine curettage of the more important type has to undergo the same dangers from anesthesia, sepsis and loss of time by sickness as those who submit to operative procedures, in which the true condition is more apparent, and in which one can with reasonable certainty promise relief. Thus, in this uncertain and mistaken procedure, the patient loses faith in operator, is disappointed in operation, and as a result decries all surgical interference when by chance some pathological condition arises in which operative interference might effect a cure.

Thousands of women today are suffering from chronic endometritis, peritoneal inflammations and other sequelae as a result of the curette, and are going about as specimens of suffering humanity, refusing proper medical and surgical treatment simply because they have been disappointed in the hope of better health by the promises and mistakes of the uterine scraper.

In rare cases of chronic endometritis in which there is a marked hypertrophy, a gross thickening of the uterine wall, the curette may be permitted under the most aseptic precautions, and when employed by the most experienced gynecologist.

Contraindications for the use of the Curette:—Some of these are (a) lack of experience of operator in uterine surgery; (b) uncertain knowledge of the pathological conditions; (c) fixed conditions of the uterus from adhesions resulting from exudates from inflamed peritoneum; (d) the puerperal state with retained products of conception after abortion or miscarriage, in the attempt to remove which not only is damage done to the soft spongy uterus, producing probable puncture of that organ, but distributing sepsis by raking in, as it were, seeds into fertile ground, and starting thrombi in the veins at the placental

site, which are carried into the circulation as emboli.

We frequently note deaths from abscess resulting from an embolus started by the curette. In puerperal cases when there are retained products of conception, I employ one of the more recent sponge holders, with which you are all familiar. This instrument being smooth, round, and blunt, produces no traumatism to the uterine wall, and acting as forceps enables one to safely explore and pluck away even the smallest particles of debris.

If the uterus is well dilated or can be easily dilated, I know of no better evacuant than the first finger. The smallest particles may escape the curette, but the well trained and ever sensitive finger will detect every particle, and whenever possible its use is indicated. In other cases, when it is not possible to introduce the finger, I employ either the sponge holder, as mentioned, or the small blunt loop curette, sometimes placing over it a piece of rough meshed sterile gauze, which both by absorption and friction catches up and brings away the smallest particles of debris.

Frequently we hear of physicians using the sharp curette as a means of curing sterility, when little consideration is given to the real cause of the woman's inability to be a mother, whether her ovaries are functionating properly, her tubes patulous, coitus properly consummated, or whether there be a probable impotency of the husband. In cases where examination reveals nothing abnormal, uterus not particularly enlarged or contracted, adnexa normal, husband potent, when sterility has existed a long time, by simply dilating the cervix and introducing the uterine sound into the uterus, with a little attention to the patient's blood pressure and with daily hot boric acid douches, sterility will in the majority of cases be removed. The importance of this simple procedure was pointed out long years ago by Sims, and Goffe, of New York, lays special stress on the simple dilation of the cervix, followed by the systematic douche.

The use of the curette in sterility is contraindicated, because sterility does not, as a rule, exist in the uterine body, being dependent largely on the condition of the cervix, tubes, and ovaries, and no possible good can come from the use of the sharp instrument on the body of the uterus, toward establishing fertility; while on the other hand, there is great danger of traumatism to the organ, and a probable infection resulting in a cellulitis, contracting the tissue, and organized exudates fixing the uterus and appendages.

There are certain complex cases in which there is continual hemorrhage, following abortion and otherwise, when patient complains of pain; in such cases, I oppose the uterine curette, but prefer to first dilate the cervix sufficiently to admit the finger or sponge holder forceps, when frequently products of conception or polypi are found, which are the cause of the pain and hemorrhage. These may adhere to the uterine wall so firmly, that in some cases the curette will be unable to dislodge them. If the uterus is well dilated, the offending particles may be easily removed by the palpating finger or by the curette guided by the finger in its introduction and application.

If, on the other hand, there be in the uterus neoplasms, such as sarcomata, this palpation will enable one to detect them. The question may arise as to how to dilate the cervix sufficiently to admit the finger in cases of the so-called rigid os. In cases where anesthesia is not given, Duhrssen of Berlin advises our return to the laminaria tent—a method almost discarded in this country, although it was originated in America. He advises its use, and declares the tents act most safely and satisfactorily, and that the once unpleasant consequence of sepsis can, at present, be avoided. Tents of this kind can safely be sterilized by keeping them eight days in 10% sablimate-alcohol solution, and if our conscience be not yet satisfied, dip them in boiling water one minute just before using.

Twenty-four hours is enough to dilate the uterus by this method, sufficiently to admit the finger, and if this method be used the patient is saved fissures and tears in the musculature of the cervix.

If it should be the misfortune to find one of these rare cases in which the cervix is so rigid that such a procedure will not suffice, I am constrained to believe the most satisfactory method is the one recently used and advised by the German gynecologists, of splitting the cervix anteriorly,—that is, doing a Caesarian section on a small scale.

In septic inflammations of the endometrium, the curette should never be used, as

it spreads the infection like oil added to a flame.

Lastly:—In these days of increasing venereal disease—a time when the spread of gonorrhea is amazing, we find much womb infection by the gonococci. Just recently, one of the leading specialists in our greatest city, having made a careful study of this condition, and after obtaining many data, states that in that city 50% of married women, more than 75% of chorus girls and practically all prostitutes have uterine infection. In the same measure and by the same law we may expect to find among the women of the smaller cities, towns and county seats a surprising proportion infected in the same way, and we can reasonably expect that of the number of cases of metritis and other uterine inflammations coming to us each year, many are gonorrheal in origin. In these cases it is a most serious mistake to curette the infected uterus, for if the infection has not yet reached the tubes and ovaries, as is the case in the more chronic conditions, such curettage will arouse the germs if latent, excite them if active, and distribute them to the uterine appendages, to finally reach the peritoneal cavity.

In summing up briefly, let it be understood in this paper that uterine curettage is indicated and permissible in a very limited number of cases; that its *chief use* is for diagnostic purposes in removing portions of diseased tissue from the uterus, looking to carcinomata, sarcomata, etc., and in a few well selected cases of the atrophic and undeveloped uterus; that *its abuse* is exercised (a) in ignorance on the part of the operator, as to size, shape and outline of the uterine cavity, producing traumatism-atria of infectious invasion; (b) in puerperal subjects and in the presence of menstrual flow; (c) in extreme displacements and fixed conditions of the uterus, where adhesions have been formed by exudates from cellulitis or peritonitis; (d) in sterility from any cause; (e) in myomata except for diagnostic purposes; (f) in gonorrhea, metritis and other infections; (g) in lastly, but not to be forgotten, promiscuous scraping, just because the patient has "womb trouble" and "wants something done," giving no thought to the actual condition of the uterus and appendages, or to the character of the discharge.

In conclusion, we are to believe that there is but limited place for the uterine curette; that the baneful effects of this instrument are so numerous, and that the small number of cases really helped by its use is so far outbalanced by the evil results obtained as to make it apparent to the considerate physician that, to use the uterine curette without proper pathological consideration of the diseased part is, in the majority of cases, to invite disease, further suffering, and probable death.

CHRONIC UTERINE HEMORRHAGES, THEIR CAUSES AND CLINICAL SIGNIFICANCE.

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(Read before Ohio County Medical Society.)

How can a woman lose a certain amount of blood from her genitals every month for an average period of thirty-five years without undermining her health? Physiology gives us the explanation. Girls and boys exhale from three to five grams of carbon per hour, which quantity increases gradually to eight or nine grams at puberty. A grown man exhales from ten to twelve grams per hour, while a grown woman exhales eight to nine grams only, or as much as she did at puberty. After the climacteric, however, she exhales as much carbon as a man, i. e., ten to twelve grams per hour. The lesser metabolism during womanhood makes up the monthly outlay and must be considered as a sort of hoarding process.

Only the veritable menstrual bleeding, strictly bounded as to quantity and duration, is irrelevant as a loss for a healthy organism. *In connection with the study of uterine hemorrhages we meet with two terms, menorrhagia and metrorrhagia, which mean practically the same thing, namely, an excessive loss of blood from the uterus with a tendency to undermine the health of the individual. While menorrhagia signifies a pathological bleeding during the menstrual term, the word metrorrhagia is generally applied to intermenstrual and post-climacteric uterine hemorrhages.

The regular appearance of the physiological menstrual bleeding gets a woman accustomed to a loss of blood from her geni-

*G. Valentine.

tals to such an extent that she often loses her judgment and fails to note that such an occurrence could become a pathological phenomenon, especially when no pain is attached to it. Pathological uterine bleeding depends on local and general diseased conditions of the body. Prolonged uterine hemorrhages occurring in connection with the puerperal state and interrupted pregnancies are almost altogether caused by abnormal contents within the uterine cavity, such as placental remnants, fibinous polyps, and the like, and are easily diagnosed by curettage.

In cases of non-puerperal but prolonged blood discharges, the *age* of the patient allows us to suspect the nature of the underlying ailment. In the post-climacteric age uterine hemorrhages are looked upon by the patient often as a recurrent menstruation, but are in fact almost pathognomonic of uterine carcinoma. Pain and ill-smelling discharges come later. Hemorrhage is not only the *first,* but really the *only* sign in uterine cancer, and should receive from physician and patient alike the greatest attention, especially at the present time, when the fight against carcinoma depends upon an *early* diagnosis as a requisite to a radical therapy. The symptom of hemorrhage is of the greatest importance, especially in carcinoma of the fundus, because here the most expert and careful combined examination almost always fails to recognize or even suspect it, as the corpus uteri is not enlarged in the beginning, and the absence of its irregular figure does not contraindicate a carcinomatous process in its interior. Then only the probatory curettage and microscopical examination reveal the true nature of the disease. Other causations of uterine hemorrhages during the *matron* age, like myomata, polyps and inflammations, are so rare compared with carcinoma, that they could be considered only *after* carcinoma had been definitely excluded; while on the other side carcinoma is of extremely rare occurrence between the ages of 15 and 35 years.

We must always keep in mind the fact that carcinoma causes hemorrhage through disintegration of carcinomatous tissue, therefore by erosion of blood vessels. Hence it lies in the nature of the disease that hemorrhage occurs quite irregularly with or without an external or internal impulse. The hemorrhage occurs, so to speak, whenever it pleases; in the beginning, when the growth is small, *atypical;* later more *often* and more *excessive;* until *finally* the *continued* appearance of bloody discharge is the unmistakable symptom of the dreaded ailment.

Quite different in this respect are uterine myomata. They do not themselves bleed, like carcinomata, but cause hemorrhage in the roundabout way of menstruation. Exceptions to this are of course cases of submucous myomata after they become fibrous polypi, which are finally born; or when malignancy or gangrene follows; then the character is completely changed and resembles that of carcinomatous hemorrhage. In the majority of cases of myoma (according to Winter, two-thirds) the menstruation is profuse, lasting longer and occurring oftener. It is also characteristic that the climacteric cessation of the menses does not occur at the expected time, but they persist often, and well into the fifth decade, more profuse and recurring more frequently. It is of high differential significance that myoma hemorrhage at this age keeps unmistakably the menstrual type, i. e., alternates with perfectly bloodless intervals. I repeat again; the myoma does not cause any old bleeding, but only such as has a *distinct menstrual* type or the true menorrhagic form. According to Pfluger, menstruation and ovulation are concomitant physiological occurrences. The existence of myoma in the uterus must therefore be a hindrance to the cessation of menstruation and ovulation at the normal period of life. This growth produces pathological changes which favor hemorrhages, and thereby exert a strong influence to prolong the physiological function of the internal female sexual apparatus. We may therefore look upon a woman who is still changing, in the manner described, beyond her fiftieth year, as afflicted with myoma. Wyder found that myoma causes fungous excrescences in the uterine mucosa, and this the more so as the center of the tumor approaches the uterine mucous membrane. Secondary changes in the endometriun therefore explain the increased menstrual flow.

The climacteric is a regular bugaboo for the women. Irregularities in the menstrual types have to be expected then. It is normal at this period of life that the menses come more seldom, are less profuse and last a shorter time. The post-climacteric is the

period of self-neglect. The woman knows not the significance of symptoms. Hence it is important that the physician pay attention to his patient when the so-called menstruation reappears (carcinoma); or, if it has never ceased as yet, when it comes oftener, is more profuse and lasts longer (myoma).

We have considered so far the two principal types of causes of chronic uterine hemorrhages, and will now briefly name and consider some of the miscellaneous causes. Almost every gynecological change in the internal sexual apparatus can act as a cause of hemorrhage, such as displacements, inflammation of the uterus or adnexa, hyperplasia and neoplasms, especially sarcoma. As regards causes, in this category their multitude is of great practical consequence, and requires a careful differential diagnosis to avoid routine treatment, especially with internal remedies.

The endometrites, especially that form which Olshausen calls endometritis fungosa, is a prolific source of menorrhagia, and is almost always associated with severe leucorrhea and dysmenorrhea.

I have found rather frequently in unmarried women mucous polyps attached high up in the cervical canal, causing slight but prolonged muco-sanguinolent discharge, which became more profuse upon physical exertion.

In a case of moderate-sized ovarian cystoma I observed persistent but moderate loss of very dark blood, and the cause for it was revealed at the operation by the presence of a large hemato-salpinx on the corresponding side of the tumor. A case of tuberculosis of the uterine adnexa of the plastic variety also showed loss of blood from the uterus for a long period.

Very obstinate menorrhagia has been observed in virgins at puberty with normal genitals. As local therapeutic means are in these cases generally useless, we must accept a systemic causation, most likely anemia. In all forms of anemia we find hydremia, diminished blood albuminoids, and a greatly diminished coagulability of the blood, and in consequence thereof often uterine hemorrhage. In chlorosis, on the contrary, we find the normal amount of blood albuminoids and normal coagulability, therefore a scanty flow, notwithstanding the fact that our text-books still accuse chlorosis of causing menorrhagia. A few standard medical books and periodicals speak of hemophilia and transitory hemophilia as causing uterine bleeding, to which I can give my assent, because a woman cannot only transmit this peculiar anomaly to her offspring, but is also herself subjected to its ill effects. A. Godall says: "Hemophilia is, although more common in males, not so infrequent in females as generally stated." A large proportion of the more recently recorded cases have been transmitted through the male line, which is contrary to the common teaching. Dr. Jepson of this city has a case of this kind now under observation. A girl of 15 began with hemorrhage at her second menstrual period. She bleeds freely also from warts when cut. Two curettages failed to cure the menorrhagia, which is checked by medication. Her father has bled profusely after a tooth extraction. No such maternal history.

All bodily ailments which are accompanied by a high blood pressure, in the arterial as well as in the venous system, are prone to cause excessive loss of blood from the uterus. In a healthy woman the blood exudes into the uterine cavity during menstruation by diapedesis from the subepithelial capillaries and not by rupture of the vessels. Such a rupture, however, of the capillaries on the arterial side is most likely to occur in severe hypertrophy of the heart in consequence of interstitial nephritis or aortic regurgitation; or on the venous side in valvular diseases with disturbance of the compensation of the heart.

Before I conclude my paper I would draw your attention to metrorrhagia myopathica, a disease *per se*, and formerly called *apoplexia uteri*, endometritis senilis or preclimacteric metrorrhagia. The name indicates that the uterine mucosa is at fault, and the cause of the bleeding is ascribed to muscular insufficiency either anatomical or physiological, and the resulting loss of contractile power of the uterus. I am able to show you here a uterus removed by vaginal hysterectomy from a case of this kind. Mrs. W., 46 years of age, of G., W. Va., mother of four children, suffered for six weeks from severe metrorrhagia which resisted ergot, ice, tampons, etc., etc. When she arrived at the Wheeling Hospital she was exsanguinated and still bleeding furiously. I therefore removed the uterus at once, on July 25th, 1905. She made an excellent

recovery and has remained well since. You see that this uterus is considerably enlarged, its wall thickened, the cavity wide and the cervical canal and os patulous.

Metrorrhagia myopathica is found only in parous women and close to the climacteric. The clinical diagnosis must be made by exclusion.

Formerly it was thought that arteriosclerosis of the uterus was the cause of hemorrhage in these cases, but arteriosclerosis is found in every parous uterus as the result of development and subsequent involution of the blood vessels; it is so inseparably associated with pregnancy and the puerperium that a microscopic examination can determine whether a uterus has been a parous or a nulliparous one. The uterus during the sexual period of life is subject to automatic contractions similar to those of the heart, but not at all of such frequency and regularity. Both organs receive their motive impulses from the sympathetic nervous system, and are therefore independent of the will, an important point. The contractile power of the uterus plays an important part in menstruation, conception, parturition and the puerperium. Contraction of the uterus is also easily produced by mechanical, thermal and physical stimuli.

Loss of contractile power results in congestions of the whole organ. The small (infantile) uterus before puberty increases its muscular elements *gradatim,* until at the ripe age, when they constitute two-thirds of the bulk of the uterus. After the close of the menstrual life the muscular elements of the uterus, having no further use, atrophy. When in old age a parenchymatous or muscular organ like the kidney, liver, heart, etc., atrophies, the loss of the parenchyma is made up by newly formed elastic tissue in order to keep up the mechanical internal equilibrium of the organ; this elastic tissue keeps up a *vis a tergo* in epithelial-lined organs with secretory or execretory functions, and supplements the waning dynamic forces, if it is an organ with involuntary muscular elements like the heart and uterus. Nature provides the atrophying organ with new elastic tissue to prevent disturbances in its tone. Some authors think that in metrorrhagia myopathica nature has only sparingly supplied the necessary elastic tissue in the uterus, therefore the loss of tonicity and the occurrence of hemorrhage. Our microscopical slides here also show in this one case, that the amount of elastic tissue is far below the proportion expected in a multipara (four children) who is 46 years of age.

SOME NEW METHODS IN SKIN GRAFTING.

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(Read before the Central Tri-State Medical Society, July, 1906.)

I have selected my subject from the domain of minor surgery for the reason that it should appeal to the general practitioner who will not infrequently have occasion to do such work. I have several times had occasion to treat old ulcerated surfaces in which epidermization had for months made absolutely no advance, and yet the physician in charge had never made an attempt at transplantation. In many forms of minor surgical procedure, some degree of satisfaction in results is often obtainable even when the methods are careless. In the particular field of this subject, however, a technique absolutely careful in all the minutiae of its application is necessary to the achievement of success.

The need for epithelial grafting arises from several causes, among which are: to cover defects in skin integrity caused by the excision of malignant growths, deep burns, lacerated wounds in which sufficient flaps for covering cannot be secured, the sloughing of flaps, gangrene due to frost bite and other causes, the correction of deformities, varicose and other ulcers, destructive skin lesions, as lupus, blastomycosis, etc. We know that such bared areas cover themselves only by the reproduction of epithelium around the edges, that after a varying length of time dependent on the individual case, this border line epithelium becomes exhausted and ceases further to divide and reproduce itself. It is then that we must assist nature. Indeed it is not well to wait until that stage arrives.

In the choice of material, if the area to be grafted is large it is usually most convenient to get the grafts from the individual needing them, unless some self-sacrificing individual is at hand to donate the necessary integument. One can get

suitable material from amputations and other operative procedures without robbing the patient of his own integument, inasmuch as molecular life is maintained for some hours after somatic death. The skin of the white man when grafted on the negro will in the course of time become like that of its host and vice versa. Frogs, chickens, pigs and other animals have contributed to the covering of man with a very good grace. On one occasion I grafted the skin of a water lizard, commonly known as a "water dog," on to the foot of an Italian with a fair degree of success. The skin of the arm or thigh is of a suitable character for this work, and from its situation is quite accessible. When the defect is on a limb it is well usually to take the grafts from a near-by location.

Formerly all skin defects were covered by plastic methods, the sliding and transference of flaps. Later it was found by Thiersch that a new vascular supply had been formed in grafts eighteen hours old. Wolf, Hirschberg and Krause devised methods by which the entire thickness of the skin is transferred. Reverdin planted infinitesimal islands of epithelium on raw surfaces. Thiersch avoided the extremes of both methods, and used strips of considerable size and length, but involving only a part of the thickness of the skin. These grafts not only take well but the injury caused by their removal heals readily owing to the deeper layers of the skin being left behind.

Czerny and Wolfler originated the successful transplantation of mucous membrane; the former devoting his attention to the conjunctiva, and the latter doing work on mucous membranes in general. The transplantation of mucous membranes is more difficult than skin and necessitates a more refined technique.

Thiersch taught that the clean healthy granulations should be curetted, the oozing of blood controlled by sponge pressure and the grafts applied. Isnardi applied grafts directly to the granulations without disturbing or removing them, and holds them in place by thin gauze tightly stretched over the grafts. He attempts, by frequent dressings alternately dry and wet, to secure rosy red, hard healthy granulations. To prevent too great a tendency to bleeding, he touches the granulations with a thermo-cautery if necessary. Bruning and Sneve use no retentive dressing, but expose the grafted surface to the open air. This method had much, especially in the way of simplicity, to commend it, and can be used in many cases. Buller recommends the use of narrow strips of isinglass plaster to securely retain the grafts in place. Wilcox cleanses infected areas by the use of peroxide and green soap, followed by the application of a one per cent. formaldehyde solution, which is allowed to remain for several hours. He curettes away the granulations, controls oozing by the direct application of the Esmarch bandage over the bleeding surface, and then applies his grafts.

Grafting is often done for the restoration of the eye lids, cosmetic and functional purposes, and presents quite a number of difficulties. The operative field is movable and uneven. The graft on the upper lid must be light, so as not to press too heavily on the ball or to interfere with the mobility of the lid. The elastic tissue of the eye lids constitutes a surface that will cause a graft when placed thereon to shrink. Dodd, who has investigated this line of work thoroughly, uses Wolfe's grafts where the entire thickness of the lid is destroyed; in other cases Thiersch's. He secures immobility in the lower lid by suturing it to the upper, and in case the upper lid is alone to be treated, stitches it to adhesive strips attached to the cheek.

Campbell of London finds that by the use of grafts to fill in skin defects caused by the removal of keloid, lupus, and sarcoma, rather than by suture approximation, the tendencies to epithelial recurrence is considerably lessened. While for this minor operative procedure an anaesthetic is not always necessary, yet it is in most cases desirable.

Among the various means to secure a clean, healthy granulating surface, a bi-daily dressing of gauze wet with normal saline solution or a weak solution of chloral (grs. ii to the oz. of water) covered with oil silk or other impervious material is probably as effective as anything.

In my own practice I use the Thiersch or shaving graft. After securing a clean, healthy, granulating site, I have the part from which the flaps are to be taken carefully cleansed in the usual manner preliminary to operative work. I wash the granulations with hot saline solution, evenly

freshen the surface by a gentle rubbing with a new sterile Tampico fibre nail brush, which will freshen the granulations without destroying them. I long ago abandoned the curette as being a very unsatisfactory instrument for this sort of work. It tears off the granulations entire, leaves an irregular surface which has not nearly so good vascular supply as the granular surface.

Lauenstein has recently suggested rubbing with a gauze pad to freshen the surface. I tried his method in several cases recently. I found it quite effective where the granulations were tender, but in one case where the granulations were firm and hard I had to return to the use of the nail brush. A few moments' pressure with a sponge wet with hot saline solution to check the oozing of blood, and the part is ready able, but the ordinary razor carefully washed with soap and hot water, then with alcohol, will suffice. The part from which the grafts are to be taken is exposed, the skin made tense and bulging by grasping with the hand or by the use of sharp retractors. Grafts half the thickness of the skin, half an inch wide and one and one-half inches long, are suitable for most cases. If the skin is held properly these can easily be sliced off by sawing movements of the razor. As each graft is severed, turn it over the left index finger, skin side next to the finger, carry graft direct to the denuded site, press it down on the surface with the finger, with a small probe smooth and straighten it out as you wish it to remain, and repeat the process until the surface to be grafted is covered. By transferring each skin strip directly, you will be able to cut them the proper size, shape and number, and the proportion of takes will be larger. I have always had the surface from which the grafts are taken dry, and transferred them without the intervention of any saline or other solution, which only serves the purpose of rendering a delicate piece of work more difficult and of diminishing the chances of success.

Cover the grafted site with thin dental rubber dam, one piece if the area is small, or strips, criss-crossed for drainage, if the area is large. Some recommend cargile membrane, some green protective and other more or less impervious substances. I place a small gauze pad over this, securely anchor it from all sides with narrow strips of zinc oxide adhesive to prevent displacement of the grafts, apply externally a cotton, gauze and bandage dressing. In many cases it will be well to encase the part with plaster of Paris to secure immobility. A slight amount of pressure will keep the grafts in apposition with the part, will prevent serum from collecting between graft and wound and separating them, and will control bleeding; on the other hand too much pressure will destroy every vestige of life in the Thiersch flaps, and render the pains of the operator for naught.

Formerly we were taught to keep the dressings wet with the physiologic saline solution. It was so valuable for some things that it was supposed to be good for everything. I discontinued it as being totally devoid of value, and began the use of sterile vaseline or petrolatum as a lubricant to prevent the dressing from becoming adherent.

Parmenter suggested the use of sterilized oil instead of the mussy saline dressing. For some time I have used the plain dry dressing as described above without any cause for regret. It possesses the advantages of simplicity and neatness, it renders the after care less complicated, and can easily be removed by the free use of peroxide of hydrogen and sterile water without disturbing the underlying epithelium in the least. I practically never remove the dressing until a week has elapsed, and the wound usually requires but little care after that.

I have practiced the method described in twenty-three cases of skin grafting without a failure. I have used it chiefly in the repair of defects caused by burns and sloughs from lacerated and contused wounds.

In conclusion I would emphasize the value of the direct transference of grafts, the use of the nail brush instead of the curette, and the simplicity and effectiveness of the dry dressing moored in place by adhesive strips.

A bright and altogether satisfactory light for throat examinations can be had cheaply by covering a 16-candle-power Edison electric bulb with a smooth layer of plaster of Paris, about three-eighths of an inch thick, leaving on one side an aperture the size of a silver half-dollar, or larger. The white inner surface of the plaster brilliantly reflects the light. The outer surface may be painted black for appearance's sake.—*American Journal of Surgery.*

STOKES-ADAMS'S DISEASE AND EXPERIMENTAL HEART BLOCK.

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The most notable addition made within recent years to our knowledge of cardiac pathology is the demonstration of the essential lesion in Stokes-Adams's disease, and the identification of the symptoms of this disease with those produced in experimental heart block.

Stokes-Adams's disease, or syndrome (as it is frequently called), was described first by Robert Adams in 1827, and later, in 1846, by Stokes. The symptoms forming the syndrome are as follows: The arterial pulse is slow, forty to twenty in a minute, or even less. The venous pulsations are more rapid than the arterial. A definite ratio between the arterial and the venous pulse may exist (1 to 2, 1 to 3, etc.). At irregular intervals there are cerebral attacks characterized by vertigo, syncope, epileptiform seizures, unconsciousness, etc. During these acute attacks there may be a cessation of the arterial pulse for a considerable interval of time; one case is reported in which the interval was two minutes and ten seconds.

The disease occurs in both young and old. In a mild form it may exist for many years and the victim succumb to an intercurrent affection. At any time there may be an exacerbation of the symptoms, the acute attacks recurring at frequent intervals and with increasing severity until a fatal ending occurs.

Various theories have been proposed to account for this remarkable group of symptoms, but all failed to satisfactorily explain the condition until Erlanger, in 1895, called attention to the resemblance between this disease and experimental heart block.

In order to obtain a clear conception of what is meant by "heart block," let us review briefly the more important facts of physiology bearing on the action of the heart.

The action of the heart consists of a series of contractions alternating with dilatations. The auricles first contract simultaneously and this is immediately followed by a simultaneous contraction of the ventricles. Around the bases of the large veins emptying into the auricles we find circular cardiac muscle fibres, and it is with these fibres that the contraction wave originates, immediately thereupon involving the auricular wall and then travelling to the wall of the ventricle.

The regulation of the heart's action is by the central nervous system through the vagus nerve and fibres from the cervical ganglia of the sympathetic. Stimulation of the vagus causes a slowing of the contractions (inhibitory action), while stimulation of the sympathetic fibres causes increase in force and rapidity (augmentor and accelerator action).

Situated in the body of the heart are three groups of nervous ganglia—the so-called ganglia of Bidder, Ludwig, and Remak. It was at one time thought that the cause of the rhythmic contractions of the heart was to be found in these ganglia, but recent investigations tend to throw much doubt upon this theory. It is certain that the muscle cells themselves possess the power of rhythmic contraction and of transmitting special stimuli for contraction. The preponderating weight of evidence points to the cardiac muscle as the immediate cause of these contractions and as the pathway for transmission of impulses for contraction.

Since the musculature of the auricle is separated by a layer of connective tissue from that of the ventricle, it was necessary to show a muscular connection between the auricle and ventricle by which the stimuli to contraction could pass. Such a connecting bridge was described in 1903 by Wm. His, Jr., and is now known as the "auriculo-ventricular bundle of His." This bundle is approximately 7-10 in. long, 1-10 in. wide, and 1-17 in. thick. It arises in the right auricle near the caronary vein and runs through the interauricular septum, pierces the central fibrous body of the heart to pass down on either side of the interventricular septum beneath the endocardium. The muscle fibres in the bundle are of a paler color than the neighboring fibres and are surrounded by a connective tissue envelop. It is now generally believed that the contraction wave, originating in the circular muscle fibres which surround the large veins, passes from the auricle to the ventricle by way of this bridge of cardiac

muscle fibres, the auriculo-ventricular bundles of His.

Heart block is the condition that occurs when this passage way is obstructed so that the contraction wave is unable to pass or passes with difficulty. The result is disassociation between the auricular and ventricular contractions. The ventricle contracts more slowly than the auricle, so that, instead of the normal ratio of 1 to 1, we have a rhythm of 1 to 3, 1 to 2, etc.

Gaskill in 1883 had demonstrated that in the tortoise, by constriction of the muscle at the auriculo-ventricular junction, the auricles and ventricles could be made to beat independently of each other. The experiments of Erlanger (1905) afforded incontestible evidence of the function of this minute bundle. By means of an ingeniously contrived needle he was able to exert varying degrees of constricting pressure on the bundle and to obtain gradual failure of the conduction of the contracting wave. With slight pressure there was occasional failure of ventricular contraction — the ventricle would miss every fourth beat. As the pressure was gradually increased the ratio between the auricular and ventricular contractions would be 2 to 1, 3 to 1, 4 to 1, etc., until finally there was entire disassociation and complete heart block resulted. At times entire cessation of ventricular contraction, varying in time from a few seconds to fifty-five seconds, would occur. When the block was partial, stimulation of the vagus nerve caused slowing of both auricle and ventricle; when the block was complete, stimulation of the vagus would cause the auricle to beat more slowly, but had no influence on the ventricular contractions, since the pathway of conduction was interrupted.

By comparing the picture of Stokes-Adams's disease with that of experimental heart block, a striking similarity was at once seen. It now remained to show that in Stokes-Adams's disease there was a pathologic lesion of the bundle of His. Such a lesion was reported by Alfred Stengel in December, 1905. Stengel's patient presented a typical picture of Stokes-Adams's disease with frequent acute attacks characterized by pallor, cyanosis, tremor, unconsciousness, marked bradycardia with dissociation between arterial and venous pulsations. At autopsy there was found "a patch of atheromatous character, sclerotic and white, and it extended to the endocardium exactly over the bundle of His where this band passes from the ventricle to the auricle. * * * * It is evident that the bundle of His was involved in the area of disease."

Additional cases of Stokes-Adams's disease with lesions of the bundle of His have been reported during the past year. Grunbaum reports a case of gumma of the interventricular septum; Jellick, Cooper, and Ophuls one with anemic necrosis of the septum from thrombosis of the nutrient artery; Hay and Moore one with partial obliteration of the auriculo-ventricular bundle; Keith and Miller a case of extensive gummatous infiltration of the heart with complete separation of the musculature of the auricles and ventricles. A case has been reported recently (January, 1907) by Ashton, Norris, and Lavenson in which autopsy showed a gumma in the interventricular septum. In this case a careful histologic study of serial sections through the bundle of His was made. These sections demonstrated involvement of the bundle, in the process with complete solution of continuity.

The evidence is conclusive that a lesion of the bundle of His is present in some cases of Stokes-Adams's disease. Three questions naturally present themselves for final solution. First, is a lesion of the bundle of His necessary for the production of the symptoms of Stokes-Adams's disease? Second, will a lesion of the bundle alone produce the symptom—complex, or are there other factors involved? Third, may a lesion of the bundle exist without producing the disease? For the solution of these questions more extended clinical and pathological studies are necessary, which will doubtless be forthcoming now that the attention of the medical world has been attracted to the subject.

In the treatment of Stokes-Adams's disease the cardiac stimulants seem to have absolutely no effect. Ashton calls attention to the fact that several cases have been due to syphilitic gumma and therefore suggests the use of large doses of the iodides.

The importance of these studies lies not so much in the present addition to our knowledge, but in the fact that an entirely new field of cardiac pathology has been opened up. It is possible that many ob-

scure cardiac phenomena may find reasonable explanation in the light of these investigations.

PEMPHIGUS
With Report of Two Cases.

John B. Woodville, M.D., Fayette, W. Va.

(Read at a meeting of Fayette Co. Med. Soc.)

By reason of the wonderful advances of recent years, the science of medicine has attained such vast proportions that it is impossible for the human mind to master the whole subject; so we see at every turn modern medicine being divided and subdivided into specialties. And we, as general practitioners, are prone to direct our attention chiefly along the lines which engage us most frequently in our daily routine, and which we find of most practical value. But we should occasionally refresh our memory concerning the symptomatology and diagnosis of the rarer diseases, that, like the wise virgins of biblical fame, we may be found at all times with our lamps trimmed.

By physicians of the old school, every bullous eruption was regarded as pemphigus; therefore, the disease was not so rare as at the present day, when dermatological research has reached a high pinnacle in its advance towards perfection and many bullous eruptions have been established upon a firm basis of their own as distinct diseases.

Eliminating from discussion the bullous form of eczema, impetigo contagiosa, iodide, traumatic, and various other forms of bullous eruption, pemphigus in the modern acceptation of the term, is a rare disease; occurring about once in a thousand cases of general skin diseases.

Clinically the disease is seen in two chief types—pemphigus vulgaris and pemphigus foliaceous; these being divided into numerous varieties in accordance with certain symptomatic manifestations and degrees of severity.

The onset of pemphigus in the adult is usually gradual, without any marked constitutional disturbance, though in children and old persons, and those of weak constitution, there is a rise of temperature to 101°F. to 103°F. and malaise preceding the eruption two to four days. The essential feature of the eruption is the tense, transparent bulla with almost perpendicular walls, situated upon a non-inflammatory base and surrounded by apparently healthy skin.

The bullae may be few in number, scattered here and there over the surface of the body, or they may be arranged in groups covering the greater portion of the cuticle and involving the mucous membranes. Some will be found standing alone while others run together to form confluent patches. The scalp, palms of the hands and soles of the feet are usually not involved.

The size of the lesions varies from that of a pea to a hen's egg, and may be seen in every stage of involution, some just starting as minute vesicles, while others have run their course through the vesicular, bullous and desquamative stages, and the scab has been detached, leaving a pigmented spot. The bullae come out in successive crops, each individual lesion running its course in a few days, but the disease is often prolonged over a period of several months, or even years, by the successive development of fresh crops.

Little is known of the etiology of pemphigus; many dermatologists believing it to be a dermatoneurosis, while others champion the claims of the micro-organism to be the root of all human ills.

Bacteriologists have discovered a variety of germs in the epidermal cells covering the bullae and in the fluid contents, but have not as yet succeeded in proving any one of these organisms to be the cause of the disease.

The differential diagnosis between pemphigus and some of the other vesicular or bullous dermatoses is sometimes difficult, but the eruption of pemphigus has certain distinguishing features which if borne in mind will usually establish the diagnosis both as to the different varieties of this disease and others with which it might be confounded.

Vesicles appearing on certain portions of the body, rapidly changing into tense transparent bullae with walls arising abruptly from normal skin, with slight or no prodromal symptoms, and not preceded by any macular nor papular eruption, and accompanied by a sense of burning and tension, the eruption spreading to other portions

of the body, would be strongly indicative of pemphigus vulgaris.

With this brief and hasty resume I will report a case of pemphigus vulgaris, and one of pemphigus neonatorum which have occurred in my practice.

Case 1.—J. H., age 40, a white married man, coal miner, came into my office one morning just as I was about to start out on my rounds, and called attention to a large bleb situated at the base of the neck above the outer third of the clavicle. No subjective symptoms other than a slight headache during the past few days and a sensation of burning and tension in the bullae.

Family and personal history good. No history of syphilis.

As he had been working in a damp place in the mine and had wet feet every day, my first thought was of herpes zoster, and not having time then to make a further examination, I gave him a saline cathartic, and oxide of zinc ointment to apply as a protective.

Two days later I was called to see him at his home and found him covered with a crop of bullae presenting all of the characterstics of pemphigus vulgaris. The whole cutaneous surface was involved from the base of the skull to the feet, excluding the palms and soles. The lesions were most numerous and attained greatest size on the sides of the neck, axillary spaces, and abdomen. There was anorexia, insomnia, great mental distress and intense burning, the patient stating that he felt as though he had been dipped in boiling water.

The disease continued through a period of two weeks, being kept up by successive development of fresh crops. At the end of this time the skin was free from eruption, but the patient was weak and somewhat emaciated. He then resumed his occupation in the mine, worked two days and suffered a relapse, the disease returning with all of its original severity. He was confined to the house three more weeks; and now eight months have passed without any evidence of a return of the trouble.

The treatment consisted in first thoroughly cleaning out the alimentary tract with calomel, followed by salines, after which arsenic in the form of Fowler's solution was given in increasing doses to its full effect. Locally, an application composed of equal parts of linseed oil, lime-water, oxide of zinc and chalk, recommended by Unna, gave the patient great relief.

Case II.—Pemphigus Neonatorum. This case occurred in June, 1904, and the following notes from my obstetrical record were written at the time:

"Mrs. W. S., white, primipara. At time of confinement patient was at the height of an attack of measles. Labor slow and tedious, due to debilitated condition of patient. Child born with the eruption of measles, had a hard fight for life but finally won the victory. He then developed pemphigus neonatorum. The mother made a good recovery, but suffered about two weeks with blepharitis."

The bullous eruption in this case was confined to the hypogastric and right and left iliac regions, and the lesions attained considerable size.

Treatment was tonic and supporing, iron being the principal drug employed.

Pemphigus neonatorum is conceded by all authorities to be due to infection; so whether the infection in this case was transmitted to the fetus in utero, along with the germ of measles, or entered after birth through the stump of the umbilical cord, or some other channel, would be an interesting point to decide. But it is a question which will remain unsolved until we have more definite knowledge of the germ which causes pemphigus neonatorum and its period of incubation.

GALLSTONE.

William F. Waugh, A.M., M.D., Chicago, Ill.

In our contributions to the medical press we have alluded to the relations of the surgical specialist to medicinal therapeutics more than once. These gentlemen, in perfect good faith, think and claim that they are familiar with the drug therapeutics they condemn, and can with difficulty be convinced that there are specialists in the uses of drugs as far ahead of them as they are ahead of the ordinary physician in matters surgical. An article in the February issue of the WEST VIRGINIA MEDICAL JOURNAL illustrates all these points:

Dr. Mason, surgeon in charge of the Kessler Hospital, discussing gallstones, says that "none of us can lay claim to knowledge of a drug that will in any way influence

the passage of these calculi or aid in their dissolution. Nor have we any remedy that exerts any specific curative action on any of the symptoms of the disease." He then proceeds to display the narrow limits of his therapeutical attainments by adding that "the best we can do with medicine is to relieve the colic with morphine, and judiciously prescribe cholagogue cathartics, digestive preparations and dietetic treatment."

We may justly, we believe, take this position as illustrative of that of the surgeons en masse, and our comments apply rather to them than to Dr. Mason individually. The statement shows their ignorance of the pathology of the attack of hepatic colic, and of the nature and application of therapeutic agents.

When a biliary calculus enters one of the ducts the stone is spasmodically grasped by the circular muscular fibers and held until their irritability is exhausted and they relax, when the stone moves forward and is grasped by the next set of such fibers, The obstacle is the spasm, and its relief the object of therapeutic endeavor.

Morphine is not as effective as a relaxant of spasm as atropine. When morphine is administered its analgesic action is combatted by the pain, each neutralizing the other to some extent, but the pain continues. More morphine is given; still more; and as the pangs increase the physician becomes desperate and injects a huge dose—and just then the calculus rolls into the duodenum, the spasm ceases, the pains stop, and relieved of their antagonism, the whole effect of the morphine is exerted on the weakened forces of the patient, and he is narcotized. Bad therapeutics.

Substitute atropine, which is a far more powerful relaxant of spasm, and add glonoin to do the same thing more quickly and to open the cirulation to take up the atropine promptly. These may be safely pushed to full effect, and the relief will be quicker, better, safer than from morphine, because directed from correct views of the pathologic condition to be relieved. Add strychnine, which will stimulate the expulsive lognitudinal fibers and aid in restoring nervous control over the spasmodic ones. Yes, even while atropine and glonoin are relaxing the spasm—drop the *a priori* doubts and *try it.*

Naturally, the surgeon looks to the gross material lesions found on autopsy, and does not consider the living conditions as we do. The stone impresses him as the main thing. We know that the stone is harmless as long as it lies quiet, and we consider the irritation of the biliary passages that disturbs the quiet. We look to inflammation and infection of the biliary passages, to the duodenal conditions preceding these, and we endeavor to restore normality here. So we regulate the diet, clean out and disinfect the whole alimentary canal, keep it clean and clear, and we give such remedies as we believe have a favorable influence over the biliary passages. Chief among these is sodium succinate. Whether it does or does not induce the flow of bile possessing great solvent powers, we know that the persistent use of this salt in doses of a scruple a day for a year is invariably attended by the steady subsidence of the attacks in frequency and severity, so that long before the close of the year they have ceased, and from a clinical point the disease is cured. Other remedies have been found similarly useful, especially boldine and chionanthin, while dioscorein has unquestionable power in controlling the spasm and relieving the paroxysm, though it is not as well known as the remedies mentioned above.

The good effects of this treatment are to the writer's mind far better established than those of surgical intervention, which is apt to be followed by a train of ills, necessitating a second, third, or even fifth operative invasion of the peritoneal cavity for their relief.

Our own rule is this: If the establishment of the full atropine effect, as denoted by dry mouth and flushed face, is not followed by complete relief, a few drops of chloroform may be inhaled to complete the relief. But if this method fails, we believe it is fair to assume that there exists a mechanical obstacle that demands surgical intervention, and we call on our brother for his mechanical skill.

The writer ventures the assertion that very few surgeons ever heard of the treatment above outlined, and that not one of them ever applied it. Certainly not one would have the patience to administer a drug for a year, when the stone could be removed in a few minutes. But—the removal of the stone is by no means all there is to the case.

We general practicians do not pretend to pronounce final judgment upon the surgeon's special procedures—why should he assume the right to thus condemn ours?

DOUBLE MONSTROSITY.

(Prosopothorakopagus).

W. H. Sharp, M. D., Parkersburg, W. Va.

The mother of the twin monstrosity, whose photograph accompanies this history, was a native of West Virginia, aged 42 years, and had been married 10 years and never been pregnant before this and has had no children since their birth. Husband was 10 or 12 years older than his wife. When she was about 7½ months pregnant, she summoned her physician, Dr. L. C. Ahlborn, of Waverly, W. Va., to see her, as she thought that she was about to have a premature birth. Dr. A. found that she was in commencing labor, but there was very slight dilation of os uteri. On careful examination he could not detect any fetal heart sounds, nor did the mother feel any fetal movements. The doctor gave her an anodyne and went home, leaving instructions to be summoned if pains became severe. Saw her next morning at 6 o'clock. She had not rested, having had labor pains all night. On examination he found labor well advanced and the fetus low down, resting on the perineum. There was a condition so peculiar that he could hardly tell what presentation it was, but concluded it to be a cephalic one, the head to be larger than usual, but it was also softer than usual, yielding to hard pressure. Everything progressed well, but towards the close the pains were very severe, so chloroform was used. The child was dead when born.

The doctor thus describes the child: "The combined heads were larger than the head of a child at term. The children were male. The bodies were united as though

they were hugging each other. The heads, thoraces and abdomens were united; the heads and thoraces were firmly united, but the abdomen nicely tucked in, in folded pleats like an accordion, so that by taking hold of the legs with opposite hands and pulling apart, the bellies would stretch enormously, folding together again when released. There was but one cord, attached directly midway between the bodies. The hips, arms and legs were distinct and perfect, as were also the backs of the bodies. The heads had separate faces, each face having on opposite sides two eyes. In the picture but one face shows and the back of one head; on the other side or reverse, was another face and back of head. Eyes, mouth and nose are plainly visible, as also two ears on opposite sides of the heads. A third ear was present, but is not shown in the picture. The location of the fourth ear was within the line of union of the two heads."

Had these children lived to full time there would have resulted a dystocia which would have required, in all probability, an embryotomy before delivery could have taken place. Nature fortunately helped herself by the death of the fetus at a period sufficiently early to avoid this.

ARTERIO-ARTERIAL ANASTOMOSIS BY TELESCOPING A BRANCH INTO A TRUNK.

William W. Golden, M. D., Elkins, W. Va.
(Superintendent and Surgeon in Charge Davis Memorial Hospital; President West Virginia State Medical Association, etc.)

From the few reports which have been published of late on the subject of artificial anastomosis of blood vessels it is evident that no one method will prove applicable to all cases. It is for this reason that I deem the method used in the following case worthy of publication. If any one else has ever used this method I am not aware of it.

On Sept. 5th, 1906, R. S., a lad of six, fell off the front of a light-weight car which was moving by gravity down a hill of moderate grade. He landed on his back between the rails in such a manner as to have his left arm lie across one of the rails in an abducted position, with his axilla resting on the rail. The front wheel of that side of the car rolled into the axilla, cut into it, and then was blocked by the shoulder, bringing the car to a stop.

The boy was brought to the Davis Memorial Hospital within a few hours after the accident occurred. A superficial examination showed a laceration through the anterior fold of the axilla completely severing the pectoralis major. The humerus at this point was fractured, and the lower fragment punctured the skin on the outer aspect of the arm. Most important was the fact that there was no evidence whatever of any blood circulation in any part of the extremity below the point of injury. When the parents were informed of this fact they insisted that no amputation be considered, regardless of all consequences.

Under anesthesia a thorough examination was then made, for which purpose the wound was enlarged and vessels, nerves and muscles clearly laid bare. The axillary and brachial arteries were found anomalous in the following respects: The subscapular branch was of a size almost equal to that of the axillary. The posterior circumflex was very small, and sprang from a point very close to the origin of the former. There was no anterior circumflex. Immediately after giving off the posterior circumflex, the axillary was much diminished in size, and continued of this size as the brachial to the junction of the upper and middle thirds of the arm, where it bifurcated into the radial and ulnar. There was no visible solution of continuity of the axillary or the brachial. Pulsation was normal down to a point immediately below the origin of the posterior circumflex. From there on it was entirely absent. At this point a small aneurismal dilatation of the artery was noted, and was venous in color. At first it was supposed that this marked the location of a thrombus, and efforts were made to dislodge and "side-track" it into the large subscapular branch. It soon became clear that this was not the case, but instead that the intima was ruptured and that by its retraction and coiling it had effected hemostasis in the same manner as it does when purposely ruptured by an artery forceps.

The following procedure was then resorted to: The posterior circumflex was dissected out for a sufficient distance, its distal end lighted permanently and its prox-

imal clamped temporarily between the fingers of an assistant. A small slit was then made in the brachial at a point within easy reach of the cut end of the posterior circumflex. A fine silk thread was passed through one lip of the cut edge of the latter. The ends of this thread were passed into the lumen of the brachial through the slit, and by means of needles brought through its wall from within outward a short distance below the slit. Traction on the threads and manipulation soon telescoped the posterior circumflex into the brachial. One of the threads was then made to pass through a few fibres of the coraco-brachialis externally, and the other through some loose cellular tissue internally, and the two tied, thus adding security against leakage. A dressing and splints were then applied.

An examination of the extremity on the completion of the anastomosis showed the presence of arterial blood all through it. The deathly paleness gave way to a color nearer the natural one; warmth returned, and small incisions in the hand oozed with arterial blood. Later, when the patient recovered from the anesthesia, it was found that sensation had returned in the hand and forearm. Pulsation in the arteries below the anastomosis was not expected to return for obvious physiological reasons, and none did return.

In a few days the general condition of the patient became gravely septic. An examination of the wound where the anastomosis was done showed it to be healing by first intention, but the wound made on the outside of the arm by the bone fragment looked infected. It soon became evident that the boy was suffering from an acute infective osteo-myelitis affecting the fractured ends of the humerus, and that an amputation was imperative in order to save the patient's life. This was steadfastly refused by the parents until the morning of Sept. 12th, when the boy was in a moribund condition. The arm was then hastily removed, but the patient died within a few hours afterwards.

Just before the member was severad a hasty examination was made of the parts concerned in the anastomosis. Everything was found in good condition, and there was no trace of leakage. The telescoped branch was pulled out and found bleeding.

The following colleagues assisted at the operation and watched the course of the case: Drs. W. S. Smith, O. L. Perry, H. K. Owens and F. S. Carey. To the first named I am indebted for referring the case to me.

WHAT MENTAL CONDITIONS RENDER A TESTATOR INCAPABLE OF MAKING A WILL.

C. O. Henry, M.D., Fairmont, W. Va.

(Read at annual meeting State Medical Asso. June, 1906.)

The question at issue might be answered in one word, insanity; but the laws and expert medical testimony are as varied in their answers and definitions as the many forms of the disease with all its attendant delusions.

In civil cases, the physician is constantly appealed to, to determine the testamentary capacity of one making a will, or signing a contract, a deed or contracting a marriage. As to testamentary capacity it is understood that the law requires less testamentary capacity to make a will, than for managing property or enjoying personal liberty.

Inmates of asylums have made good wills, especially if their delusions did not affect the provisions of the will, and where these were just and reasonable, the highest courts have held them to be good. For instance, a man may be insane on religion and be perfectly sane on all other questions, and capable of disposing of his property.

A testator is not capable, if at the time he makes the will he is in a wild delirium, or if his delusions are that one of his family or a beneficiary is trying to poison him.

To draw the line where one is not capable of making a will is a very difficult thing to do; and in this day where the law makes good distribution of one's property, the efforts to prove the testator's incapacity have met with failure. The maker of a will may be extremely old, his understanding, memory and mind enfeebled and weakened by age, and his actions occasionally strange and eccentric, and he may not be able to transact many of the affairs of life, yet if age has not rendered the maker imbecile, so that he does not know the nature and effect of the instrument, this does not invalidate the will. If he be capable at the time to know the nature, character and ef-

fect of the particular act, that is sufficient to sustain the will.

The laws sustain it, and the presumption in law is that the grantor or maker of an act was sane and competent when the act was performed.

Members of the medical profession too often have lent their influence and position to the wiles of disappointed legatees; not that they did not know better, but that from a business standpoint it seemed better to have a stand-in with the many disgruntled heirs than with the dead testator's few favored ones.

There are instances on record where a father and son, both physicians, testified in opposite directions as to a testator's sanity and capacity to make a will, the father saying the testator had senile dementia, and the son that he had taken the dead testator's note in settlement for his father's account for medical services rendered years before. The medical profession should be a unit on mental capacity.

As has been stated in the beginning, perfect soundness of mind, contrary to the lay impression, is not essential to testamentary capacity. A testator may be afflicted with any of a variety of mental weaknesses, disorders or peculiarities, and still be capable of executing a valid will. On the other hand, absolute insanity is not essential to testamentary incapacity. The testator's condition may fall short of that degree of mental aberration generally known as insanity or idiocy, and yet from conditions before stated he may be incapacitated from making a valid will. It is the precise degree of mental capacity which will meet the requirements of the law, or the precise degree of incapacity which will fall short of those requirements, that medical and legal experts have fought over.

In conclusion, a good rule to adopt would be that the testator must have sufficient active memory to collect in his mind, without prompting, the elements of the business to be transacted, and to hold them long enough to perceive their relations to each other, and to form some rational judgment concerning them.

Never open a prostate abscess per rectum, no matter how much it bulges; always operate through the perineum.—*American Journal of Surgery.*

INFECTION FROM OAT-STRAW.

John L. Dickey, A.M., M.D., Wheeling, W. Va.

I had a case recently that seemed to indicate a peculiar liability to poisonous infection in a wound made by oat-straw.

R. L. T., a young farmer, age 25, while threshing oats, was struck in the left eye by a splinter of the straw. I saw him shortly afterward and found the splinter had penetrated the lower inner quadrant of the cornea obliquely downward, almost, if not entirely, through the anterior chamber. It was removed, the eye was bandaged, and a solution of atropine, cocaine and boric acid was prescribed, to be used every three hours, after bathing freely with hot water. When I saw him the second day afterward the eye was very much injected and the wound was inflamed. In spite of vigorous treatment the poisonous infection spread rapidly until the entire cornea became necrotic and the conjunctiva and deep structures were intensely congested.

About two weeks after the accident the eye was enucleated, and found to be considerably attached posteriorly by inflammatory adhesions. Interior degeneration had also begun, as shown by inflammatory products in the iris and anterior portion of the vitreous. Panophthalmitis was evidently rapidly approaching.

For three days after enucleation the conjunctiva and all the orbital tissues were so swollen and inflamed that the lids were tense, shining and discolored from the pressure. It was feared that the infection would continue to the meninges. But it gradually subsided and two weeks after enucleation the lids and orbit presented a normal appearance. Of course during all this time there was considerable constitutional disturbance.

Dr. Andrew Wilson, who saw the case several times with me, said he had never seen a wound made by oat-straw that did not give trouble; that there seemed to be some poisonous germ in the straw that infected all such wounds. Every farmer I have asked about it said oat-straw was more poisonous than any other, and that they disliked to work with it, especially if they had any sores on their hands.

The oat-field would be a favorable place for our bacteriologists to hunt a new germ —the *avenacoccus.*

ALCOHOL.

R. M. McMillen, M.D., Wheeling, W. Va.

(Read at annual meeting of State Medical Asso. June, 1906.)

Professor Harrington, of the Harvard University Medical School, remarks in a recent work on Practical Hygiene, that "Ordinary alcohol is employed extensively as a preservative of organic material in great variety and hence has come to be regarded as a powerful disinfectant as well as antiseptic." Without presuming to be placed in antagonism to such eminent authority as the writer of the foregoing statement, the author of this paper nevertheless feels called upon to say, that the statement greatly overrates alcohol as an antiseptic, and does not think it is safe, in the preparation of the field for surgical operations, to depend upon it, unless more powerful antiseptics, as bichloride of mercury, have been previously used. Sutures should either be sterilized or be made aseptic with safer antiseptics. Clinical thermometers that have been used in the mouth, should be cleansed with water, as it is uncleanly and unsanitary to dip them in alcohol, which causes the sordes to become hardened on the thermometer without either removing it or destroying the disease-producing germs.

Sternberg's experiments show that 95 per cent. alcohol did not destroy the bacteria (spores) in broken down beef-tea in 48 hours. Micrococcus Pasteuri was destroyed by two hours' exposure in a 24 per cent. solution; pus cocci required a 40 per cent. solution. Koch found that absolute alcohol had no effect upon anthrax spores exposed to its action for one hundred and ten days. Schill and Fisher found that when tuberculosis sputum was mixed with an equal amount of absolute alcohol its infecting power was not destroyed in 24 hours.

Epstein's experiments led him to the conclusion that absolute alcohol is devoid of germicidal properties, and that, diluted with water to 50 per cent. strength, it exerts more action than at any other strength.

Externally applied alcohol is quickly evaporated, causing a cooling sensation, hardening the parts by coagulating the albumen and diminishing sweating. It is therefore the best remedy to apply to the hips and back, to prevent bed sores. Because of its cooling effect by rapid evaporation, it would seem to be the remedy with which to sponge fever patients, to reduce high temperature, though great care should be had to avoid harm resulting from its hardening the skin and contracting the superficial blood vessels, and thus stopping or diminishing perspiration; so that if used at all for this purpose, it should ordinarily be greatly diluted.

Professor Harrington very interestingly remarks also that "writers on tropical hygiene are almost unanimous in the opinion that whatever may be said for and against the use of alcoholic drinks in other climates, their use in the tropics constitutes a distinct danger, and that much of disease commonly attributed to climate, is due actually to alcohol. Especially is this true of the various hepatic and renal troubles. According to Treille, the abuse of alcohol is the chief cause of the frequency of disease of the liver, not alone among the Europeans, but among natives as well. Dr. Chr. Rasch, speaking of the futility of talk about the Europeans getting accustomed to high temperature with humidity, and describing the various steps in physical and mental deteriorations, to counteract which one turns to alcohol and other stimulants, says that these, together with insomnia and enforced lack of exercise, bring about atonic conditions, or, in other words, a lowered physiological resistance to disease in general. Dr. Breitenstern, who for twenty years served as an army surgeon in the Malay Archipelago, gives it as his opinion that total abstinence is far preferable to even the most moderate indulgence."

"A writer in Manilla has pointedly remarked concerning the health of the American troops: 'It is not so much the climate as the glass bottle which injures people out here'; which statement is corroborated by another who has seen actual service as a member of a company many of whose members were total abstainers and the rest made up of moderate drinkers and those prone to excesses, the latter constituting 20 to 25 per cent. of the whole. Of the latter class only two returned home in approximately the same condition of health which they enjoyed at the time of enlistment. Of the moderate drinkers who confined themselves to malt liquors, a large majority suf-

fered more or less impairment of health. But the total abstainers returned almost to a man, in excellent health, having endured the same hardships of an active campaign. The same correspondent speaking of the far greater harm induced by the stronger alcoholic drinks, relates that he had repeatedly seen American soldiers ,after spending several hours under shelter, drink round after round without perceptable harm, and fall over with all the symptoms of sunstroke as soon as they stepped into the glaring rays of the hot sun."

Dr. C. E. Woodruff, of the United States Army, after a careful survey of the conditions that obtained in the Philippines, says: "Beer, by reason of being conductive of colic, diarrhoea, headache, loss of appetite and general distress, he regards as distinctly harmful."

Alcohol passes out of the stomach into the veins unchanged, where it comes in contact with the corpuscles of the blood, causing a marked change in them. It diminishes the capacity of the red corpuscles to carry oxygen. The carbon of the alcohol unites with the oxygen that is in the arteries, forming carbon dioxide and causing the arterial blood to become dark like the venous blood. In this way the carbon of the alcohol uses up the oxygen that should have united with and consumed the waste material of the system; therefore, the waste material, instead of having oxygen brought to it by the ever-returning arterial blood, is left in the system, while the oxygen goes on consuming the carbon of the alcohol. The blood thus becomes overcharged with carbon dioxide, causing cyanosis. The white corpuscles, too, undergo changes by the effects of the alcohol; they become somewhat hardened and are therefore incapacitated for passing out through the capillary blood vessels and attacking and destroying germs of contagious diseases. When germs of certain infectious disease are injected or by other means enter the tissues, we believe that it is the office of the leacocytes to pass out of the blood vessels and attack and destroy them.

Animals that have been given a small amount of alcohol for two weeks succumb to an injection of streptococcus which will not kill or control ones that have had no alcohol. Animals that have been vaccinated against tetanus soon lose their immunity when given alcohol.

Because of the peculiar effect alcohol has on the blood and blood vessels, it is a debatable question whether it should be given at all to persons suffering from diseases like pneumonia, typhoid fever and the like maladies in which disease germs have to be contended with.

The first effect of alcohol is to stimulate, causing the heart to beat faster and the blood vessels of the surface of the body to become dilated, the vasomotor system being inhibited. The surface of the body becomes flushed, causing a pleasant sensation of bodily heat; sweating is produced and the temperature of the body is lowered. There are two factors that enter into the lowering of the temperature; first, the evaporation of the perspiration, and second, a large amount of the blood being at the surface of the body, is cooled by the atmosphere. Owing to the temperature of the body being thus lowered, persons addicted to the use of alcohol cannot live long in a very cold climate After a continued use of alcohol, the capillaries and small blood vessels become permanently dilated; the inner coats of the arteries become hard, brittle and inelastic, and the inner coat becomes liable to give way and cause anurism or the vessels to rupture, resulting in apoplexy or death.

In this connection, besides the injurious effects of the alcohol in beer, there is contained a certain amount of turpentine which is extracted from the rosin that the containers are lined with; with every drink of beer, therefore, a dose of turpentine is a necessary attendant, which causes irritation of the kidneys and ultimately Bright's disease.

The effects of alcohol on the nervous system, when a considerable amount has for sometime been taken, are to dull the mental processes, especially during the morning hours, so that a person is often unable to transact business until after he has had his accustomed glass. "Never have alcohol in the brain when it has work to do; it produces irritation of temper, forgetfulness, and a change in the moral character gradually comes on; the judgment is seriously impaired and the will enfeebled."

Time will not permit to speak of the effects of alcohol on the liver, producing first hypertrophy and later the hob-nail liver, and of its effects on the digestive organs; how its continued use diminishes

the quality and quantity of gastric juice, causing catarrh of the stomach, dilatation of the blood vessels of the mucous membrane of the stomach, setting up gastritis with atrophy of the gastric glands, furred tongue, loss of appetite, sinking of the stomach, especially of mornings, and dilatation of the stomach by beer. Two ounces of brandy almost paralyzes the stomach, precipitating the pepsin it may contain. Carefully conducted experiments prove that the use of alcohol reduces muscular strength. The administration of two ounces of pure whiskey reduces muscular force one-third in two hours. Alcohol should never be taken as a stimulant or preparative for work.

In conclusion, the belief is entertained that alcohol is sometimes admissible internally, at the crisis of a disease, to bridge over a brief period of danger to the patient, but that to continue its use will do harm.

Selections

DEMONSTRATED FACTS AS TO ALCOHOL.

Dr. W. S. Hall, of Chicago, under the above caption, concludes an article in the *Jour. Am. Med. Asso.* as follows:

We note so many antitheses between alcohol and food that we are inclined to try the deadly parallel on the two substances.

FOOD.	ALCOHOL.
1. A certain quantity will produce a certain effect at first, and the same quantity will always produce the same effect in the healthy body.	1. A certain quantity will produce a certain effect at first, but it requires more and more to produce the same effect when the drug is used habitually.
2. The habitual use of of food never induces an uncontrollable desire for it, in ever increasing amounts.	2. When used habitually it is likely to induce an uncontrollable desire for more, in ever increasing amounts.
3. After its habitual use a sudden total abstinence never causes any derangement of the central nervous system.	3. After its habitual use a sudden total abstinence is likely to cause a serious derangement of the central nervous system.
4. Foods are oxidized slowly in the body.	4. Alcohol is oxidized rapidly in the body.
5. Foods, being useful, are stored in the body.	5. Alcohol, not being useful, is not stored in the body.
6. Foods are the products of constructive activity of protoplasm in the presence of abundant oxygen.	6. Alcohol is a product of decomposition of food in the presence of a scarcity of oxygen.
7. Foods (except meats) are formed in nature for nourishment of living organisms and are, therefore, inherently wholesome.	7. Alcohol is formed in nature only as an excretion. It is, therefore, in common with all excretions, inherently poisonous.
8. The regular ingestion of food is beneficial to the healthy body, but may be deleterious to the sick.	8. The regular ingestion of alcohol is deleterious to the healthy body, but may be beneficial to the sick (through its drug action).
9. The use of foods is followed by no reaction.	9. The use of alcohol, in common with narcotics in general, is followed by a reaction.
10. The use of food is followed by an increased activity of the muscle cells and brain cells.	10. The use of alcohol is followed by a decrease in the activity of the muscle cells and brain cells.
11. The use of food is followed by an increase in the excretion of CO_2.	11. The use of alcohol is followed by a decrease in the excretion of CO_2.
12. The use of food may be followed by accumulation of fat, notwithstanding increased activity.	12. The use of alcohol is usually followed by an accumulation of fat through decreased activity.
13. The use of food is followed by a rise in body temperature.	13. The use of alcohol may be followed by a fall in body temperature.
14. The use of food strengthens and steadies the muscles.	14. The use of alcohol weakens and unsteadies the muscles.
15. The use of food makes the brain more active and accurate.	15. The use of alcohol makes the brain less active and accurate.

ALCOHOL AND EPILEPSY.

Dr. Matthew Woods, of Philadelphia, in the *Jour. Am. Med. Asso.* gives the following cogent facts:

Dr. Spratling, of the Craig Colony for Epileptics, in his admirable book, "Epilepsy and Its Treatment," quotes Maudsley approvingly where he says that epileptics because of drink, etc., on the part of the parents, "are as much manufactured articles as are steam engines and calico printing machines," and Dr. Spratling himself, as the result of extensive observation, having a thousand epileptics under his care, firmly believes that drunkenness in the parent is frequently transformed into epilepsy in the child.

Echeverria, who analyzed no less than 572 cases, says, "Parental intemperance solely originates the predisposition to epilepsy in 17.30 per cent. of them, and parental insanity, associated with epilepsy, 15.96 per cent., nearly 16 per cent." This is truly a most startling observation. According, also, to this writer, alcoholic epilepsy was more common among the working classes. Molli asserts that from 30 to 40 per cent. of all persons with drunken fathers were epileptics.

The same writer quotes from M. Hippolyte Martin, who collected a number of interesting facts in regard to the influence of parental intemperance in the production of epilepsy in children. In 150 cases of insane epileptics at the Salpetriere he found that 83 had intemperate parents, nearly 60 per cent. He divides them, according to Dr. Hare, from whose comprehensive prize essay I quote, into two classes, the first com-

prising 60 cases, or over two-thirds, in which alcoholism in the parent was a certainty, and second, those in whom such a history was not found. Martin also found that in 83 intemperate families with 410 children, 108, or more than one-fourth, were epileptics.

He also gives the cause of the deaths of the parents in a number of cases, to show that no hereditary tendency other than alcoholism produced epilepsy, and this, too, in that France, where we are sometimes led to believe that the favorite beverage is light wine, and that there is no intemperance.

In estimating the number of epileptics in different parts of Russia, Kovalovosky writes as follows (quoted by Dr. Spratling):

"Caucasus is a country of grapes and wine. The natives quench their thirst not with water, but with wine that contains from 5 to 15 per cent. of alcohol. Wine drinking is so common in Caucasus that no one considers it inebriety. Everybody knows what a high percentage of epilepsy is caused by the abuse of alcoholic beverages. I have spent the summer during the past 15 years in Caucasus, where I have a medical practice, and in no place have I had so large a proportion of epileptics among my patients."

Bourneville, who studied 2,554 children admitted to the Bicetre and Fontain Vallee, 2,072 boys and 482 girls, all of them suffering from idiocy, imbecility, epilepsy and hysteria, found that 1,053 of them were the offspring of drunken parents, 983 having drunken fathers and 80 drunken mothers.

Demaux asserts that among 36 epileptics whom he examined during 12 years, whose histories were well known to him, five were conceived when their fathers were intoxicated.

ALCOHOL AND DEGENERACY.

The following is from an article in the *Jour. Am. Med. Asso.* by Eugene S. Talbott, M.S., D.D.S., M.D., LL.D., of Chicago:

Like all toxic agents, alcohol interferes with the functions of the eye and ear nerves. Special weakness thus created is transmissible to the offspring. In the chronic form, alcoholism may well be compared in its effect with chronic contagions. There is, however, less tendency to infections with the microbes forming pus. There is a greater tendency to deteriorating action on the nervous system. There is in chronic alcoholism, as in syphilis, special tendency to that formation of connective tissue which destroys organs. The chronic mental disorders of chronic alcoholism resemble those of tuberculosis, except that the capricious state and exaltation are less frequent than the suspicional tendency, which is deeper, and takes the direction of delusions of poisoning and insane jealousy. The last are due to the deteriorating influence of alcohol on the generative organs.

Alcohol may limit its action to the central nervous system, and thus produce hereditary losses of power. It causes changes in the peripheral nerves, which in the offspring find expression in spinal cord and brain disorder through extension of the morbid process. But for its deteriorating effects on the ovaries and testicles, alcohol would be a most serious social danger, but through its action on the generative organs it tends to prevent the survival of the unfit, rather than to develop degenerates.

There is very little doubt that the routine prescription of alcohol by the laity for painful menses, teething, toothache, etc., underlies many cases of degeneracy in the offspring. The prescription is the more dangerous because it is recommended in the hidden guise of nostrums by hysterics with blatant alcoholophobia. One of the most energetic female advocates of the legal prohibition of alcohol beverages indorsed very emphatically the nostrum of one of her hysteric supporters which contained 50 per cent. alcohol and 1 per cent. each of cocain and morphin. As the persons largely under the influence of such indorsement were hysterics, whose zeal for reform was largely an expression of desire for notoriety, the dangers of its use during menstruation can not well be overestimated. To reach this serious source of degeneracy from alcohol and the narcotics, a statement on each bottle of the exact composition of nostrums should be exacted by law.

There is no class of cases in which a prognosis is so often at variance with the extent of the injury as in cranial injuries. The prognosis in such cases should, therefore, always be guarded.—*American Journal of Surgery.*

ALCOHOL AND CHILDREN.

Dr. T. A. McNicholl, of New York, in an article in the *Jour. Am. Med. Asso.* gives the following as his conclusions:

First, when money goes for drink, poverty with its attendant evils prevails, and the burdens of childhood are increased.

Second, alcoholic environment is unfavorable to the production of the best school work.

Third, alcohol, by producing a train of psychic and organic degenerations in the offspring, debases the morals and lowers the sum total of human happiness.

Fourth, alcohol, by laying the foundations of a diseased and criminal citizenship, threatens the stability of our government.

Fifth, to reduce the burdens and dangers of childhood and to improve the manufacture of future citizens, we must continue, in the largest measure, scientific instruction in the effects of alcohol and in the essentials of health; increase the number of our public gardens, playgrounds and improved tenements. But these should be supplemented by measures which will not only lessen the effects of alcohol and the other deteriorating agencies, but also purify or remove the sources from which degeneracy springs.

NEWER IDEAS OF THE CAUSES AND THE TREATMENT OF BRIGHT'S DISEASE.

Alfred C. Croftan, M. D., Chicago, Ill.

(Author's Abstract.)

The terms Bright's disease, nephritis and albuminuria are often employed synonymously. This is wrong. For in Bright's disease in the modern sense, the changes about the heart and the arteries predominate, and not infrequently precede the development of renal signs. In all other forms of nephritis there are either no changes about the cardiovascular apparatus at all or they are demonstrably consecutive to the nephritis. Albuminuria finally is a sign that generally accompanies any form of nephritis but that may also occur without any renal changes whatsoever.

High arterial tension with corresponding changes about the heart and arteries, then, is the determining feature of Bright's disease. The circulatory disturbances must be imagined to lead to nutritional disorders in a number of organs; and it is clear that those organs in particular are most apt to become affected that are supplied by end arteries. Chief among the latter are the kidneys, the retina and the brain; and as a matter of fact these three organs are most commonly involved in Bright's disease together with the cardiovascular apparatus.

In true Bright's disease the kidneys, as indicated, are by no means always involved first, although the first determinable signs may appear in the urine. If the dimensions of the heart and the blood-pressure were studied as carefully as a routine measure in every case as the urine is (or should be), the cardiovascular changes would be found much more often before nephritic changes develop than is actually the case. This at least has been my experience.

It seems almost a paradox to state that Bright's disease may occur without nephritis; but this is actually the case, if we accept the newer conception of Bright's disease outlined above. It is altogether unfortunate that the term Bright's disease is retained in our medical nomenclature at all, for what Richard Bright originally described and what we understand by Bright's disease today are radically different clinical entities.

The causes that determine the high blood-pressue and the cardiovascular changes that usher in every case of Bright's disease are still obscure. It is probable that manifold factors may become operative to produce this syndrome. I am an ardent adherent of the idea that circulating toxins must, in most cases, be incriminated with raising the blood-pressure; the toxins may be endogenous or exogenous in character, i. e., they may be introduced into the circulation from within by some deep seated perversion of the general metabolism, or they may be introduced from without, e. g. from the gastrointestinal tract by the abnormal disassimilation of the gastric and intestinal contents.

The former event is probably less frequent than the latter; it is, moreover, less tangible and consequently not so easily remediable. In many cases a deep-seated hereditary element undoubtedly plays a commanding role, and here the metabolic side of the question urgently calls for elucidation. Some steps in this direction have been taken, and a number of pressor principles have been isolated from among the inter-

mediary products of intracellular disassimilation. I call attention for instance to the purin bodies, precursors of uric acid, that possess marked pressure raising powers and that are capable, as I showed some years ago, of producing many of the cardiovascular signs of Bright's disease in animals, and also some of the renal changes.

In the bowel contents, on the other hand, a large number of pressor bodies have been found, especially when putrefactive processes are allowed to go unchecked. These bodies may directly enter the circulation in small quantities over long periods of time, and produce chronic increase of the blood-pressure, or they may lead indirectly to intoxication of the liver cells that try to arrest them, and thereby cause a condition of hepatic insufficiency that in itself again leads to the flooding of the blood stream with a variety of abnormal products capable of causing high arterial tension and irritation of the kidneys.

Treatment of Bright's disease must therefore concern itself with counteracting, so far as that is possible, the formation of these various groups of toxic bodies. This can be done by paying strict attention to the diet and by promoting intestinal antisepsis by various means, the details of which cannot be discussed in this brief abstract. The best remedies for the latter purpose I have found to be the bile acid salts and the sulphocarbolate of zinc. That intestinal putrefaction is being held in check can be determined by the reduction or disappearance of the aromatic sulphates (with indican as their chief representative) from the urine, also from the disappearance of the conjugate, glycuronates and the compound glycocolls. Bismuth subnitrate when given by mouth, together with intestinal antiseptics, moreover, should not color the stools black if intestinal putrefaction is being held in check.

The treatment of the small group of cases of Bright's disease that is not due to intestinal derangement but to metabolic perversions of an obscure type, usually occurring in young subjects, is much more difficult because nothing very tangible, in the obscurity of our present knowledge, presents itself for treatment.

In this group of cases one is limited in one's endeavors to purely symptomatic treatment. The latter, however, does not consist in the treatment of the renal complications alone, but more generally in the treatment of the cardiovascular signs; and to be successful in the treatment of Bright's disease the renal idea should be largely relegated to the back-ground and attention bestowed upon keeping down the blood-pressure and regulating the action of the heart. A case of Bright's disease should, broadly speaking, be treated as a heart case and not as a kidney case; for most sufferers from this disease die not from the nephritis, but from failure of the heart and from the complications that are gendered thereby and that differ in no material respeect from the secondary signs seen in any case of failing cardiac compensation.

The measures at our disposal for regulating the blood-pressure are dietetic, hydrotherapeutic and medicinal. The diet should be selected in such a way that no preformed pressor principles are ingested, and the minimum of food is eaten that leads to the formation of such bodies; chief among these articles are nuclein containing foods and foods containing extractives, for the latter incorporate the purin bodies and the former lead to the formation of these purin bodies in process of intracellular disassimilation. Alcoholic beverages of all kinds should be eschewed. Tea and coffee and cocoa are also bad. Smoking is always detrimental.

Hydrotherapeutic measures are of signal value, especially the simple warm bath every evening. The details of these measures cannot be described within the narrow frame of this abstract.

Of medicines the best of all are the nitrites and preparations of nitroglycerin. They are rarely needed, however, if sensible hydrotherapy is instituted; and it is best to keep medicines in reserve for emergencies in this as in any other chronic disorder. The use of very small doses of digitalis, i. e. of one or two drops of a good tincture throughout the course of the disorder, or at least for many months at a time, is of great value, inasmuch as the drug given in this way seems to regulate the heart's action, to protect it, one might imagine, from the abnormal stimulating effect of circulating toxins. The administration of such small doses even for long periods of time, in my experience, does not deprive the heart of a vigorous digitalis stimulation should it become necessary to use large doses in emergencies later on.

That in addition to all these measures the general nutrition of the patient should be kept up carefully by an almost mathematical

regulation of the diet and the ingestion of sufficient calories, need hardly be emphasized. Failure to do this, as, for instance, when patients with Bright's disease are placed for long periods of time on an exclusive milk diet can, I believe, be incriminated with having destroyed many a sufferer from this disease. These victims of a dogma are literally starved to death, and would have fared better had they adopted no dietetic regime at all. By this it is not intended to say that milk is not an excellent article of diet in this disorder, but it is not fitted for various reasons to be the exclusive pabulum for more than a few days at a time.

The psychic element in these patients finally must not be forgotten. They should be taught to take a hopeful view of their condition in order that mental depression, worry or fear may not derange the digestive and assimilative functions of the organism, and above all interfere with the function of the liver, and in this way lead to a self-intoxication that in any cardiovascular and cardiorenal disorder is to be strenuously avoided.

In regard to the so-called surgical treatment of Bright's disease, that has of recent years acquired notoriety, I quote as follows from another article:

Splitting of the kidney capsule, or decapsulation of the organ, for the cure of Bright's disease is altogether irrational. The temporary relief of tension may improve the blood supply to the kidneys, and hence restore for the time being some functional activity to diseased epithelia; and this improvement in the renal function may become manifest by a reduction of edema, by a transitory decrease in the albuminuria, the disappearance of formed elements (casts, etc.) from the urine, and an increase in the excretion of solids and of water.

Bright's disease, however, as we have seen in the preceding paragraphs, is a systemic disorder, and the nephritis is merely one of its symptoms. Any treatment of the kidneys alone, whether surgical or otherwise, is therefore purely symptomatic, and can in no sense be regarded as curative. One might as well amputate the rose spots in typhoid fever and expect to cure the disease.

It is not surprising to find, therefore, that no true case of Bright's disease has ever been permanently benefited by operations on the kidneys. The procedure is mentioned in this place merely to be condemned.—*Cleveland Medical Journal.*

THE TREATMENT OF SCIATICA.

E. S. McKee, M. D., Cincinnati.

(New York Medical Journal Prize Essay.)

The first essential to the successful cure of sciatica, the hip gout of Pliny, is a thorough knowledge of the individual patient in hand. We should in the beginning institute a most exhaustive physical examination, not only of the sciatic nerve, but also of the entire nervous system, and the patient's whole body, family history, diseases, mode and place of living, business, habits of life, and diet. If the patient is a woman, especial attention should be given to a careful rectal and vaginal examination, for the disease in women is often due to pelvic tumors. One cannot know too much about his patient suffering from this obscure malady.

Treatment should commence with that best of all starters, a mercurial purge, followed by salines. Constitutional elimination and general therapeutical measures to relieve pain and promote sleep should be the treatment instituted as soon as the diagnosis is positively settled and the causative relations made clear. Morphine should be used with extreme caution, owing to the very great danger in these cases of forming the habit. Rheumatic cases are generally benefited by the salicylates, syphilitic cases by the iodides, and gouty cases by colchicum and the salines. One of the best combinations of drugs in the acute stage is the following, which should be preceded by the calomel and the salines:

Aspirini (acetyl salicylic acid), dr. i, or 4.00 grammes
Phenacetini (acetphenetidin), gr. l, or 3.33 grammes
Quininae salicylatis, gr. xx, or 1.33 grammes
Codeinae sulphatis, gr. iiss to v, or 0.15 to 0.33 grammes
M. Fiant capsulae No. x. S. Take one every two or three hours.

Injection Treatment.—Hypodermics of very large doses of strychnine in the region of the painful parts have cured cases which were rebellious to every other plan of treatment. Injections into the region of the nerve of atropine sulphate, gr. 1-150, three times a day, also cocaine injections as near

the nerve as possible, are frequently followed by success. Deep injections of alcohol, cocaine and alcohol, stovaine (amylene hydrochloride), 80 per cent. alcohol and the incorporation of 0.01 of cocaine or amylene hydrochloride. Relief is obtained in about 90 per cent. in from two to four injections. Relapses, generally after the fourth or fifth month, occur in about one-third of the cases, but yield readily after one or two injections. Beta-eucaine, 6 per cent. solution in 0.8 per cent. salt solution, should be injected in the region of the sciatic notch. When a large wheal appears under the skin the needle is pushed down till a jerking shows that a nerve has been touched, then 70 to 100 c.c. are rapidly injected. Functional and complete relief is almost instantaneous. In a portion of cases only is a second injection necessary for complete cure. The hypodermic injection of sterilized air is sometimes quite beneficial, and should be conducted as follows: After sterilizing the region where the injection is to be made a sterilized hypodermic needle is inserted under the skin, and as soon as one is sure that no blood vessel has been punctured, a rubber tube is joined on to the needle and air from a rubber bag is injected by simple compression. To be quite safe, it is well to place a glass tube containing a little cotton between the needle and the bag. The injection should be stopped when the patient no longer complains of pain. A slight amount of massage should be used every day till crepitation disappears.

The rest cure of Weir Mitchell is beneficial in some cases, and the fixation of the limb in plaster of Paris is good treatment, especially in those cases where the vocation necessitates violent exercise of the lower extremities. Change of occupation is often necessary to the active, or vice versa. The sedentary person should sit on a soft cushion to protect the nerve from pressure or injury.

Massage along the course of the nerve, even though painful, is often of benefit in relieving adhesions. In true neuritis massage is, as a rule, not beneficial. Massage, or better, mechanical vibration, is of value in the chronic stages where atrophy has commenced.

Hydrotherapy, judiciously administered, should always be accorded consideration. It has many cures to its credit. The wet pack administered at night is a very excellent means of relieving pain, as well as for influencing, favorably, the neurotic process. For this purpose we may use the leg of a heavy pair of drawers dipped in water at 65° F. and placed in position like a stocking. A roller bandage is then applied so that the leg may be kept in perspiration all night. This is removed in the morning and followed by a warm water ablution and massage. Ten or twelve packs usually result in much improvement. The half combined bath in the subacute stage proves quite serviceable. Patient sits in a vapor bath, which comes up to the waist line only. This, while it does not exhaust the patient as much as the full vapor bath, allows a much higher temperature to be borne by the affected part; 110° can be tolerated for from ten to fifteen minutes. At the end of this time the patient sits in a bath heated to a temperature of 95° F. for eight minutes, and during the last three minutes a hot undercurrent douche at 102° to 112° F. is applied to the affected limb. The combined bath alternated with the natural swimming bath is of value. The internal bath by the ingestion of large quantities of water is advisable.

Electricity.—The galvanic current should be applied to the nerve from four to eight minutes, and should not exceed from three to five milliamperes. When the nerve substance has been involved gentle muscular stimulation with the uninterrupted galvanic current keeps the structures in good condition and prevents atrophy. The static spray (positive) locally is good. The apparent anodyne action of faradism in sciatica is due to its alterant action on the muscular tissue, and through the latter on the circulation. The blood supply is regenerated and the cry of the nerve for healthy blood is stilled. Painful applications of the faradic current are not proper.

Surgical Treatment.—In cases of long standing it is advisable to make an exploratory incision to expose the nerve trunk, incise its sheath, and free it from surrounding adhesions. Some good results of nerve stretching are reported and many bad. It is an operation which has not gained much commendation from the general medical mind. Myelitis has in a few instances followed, and nerve stretching is contraindicated when neuritis is present. There is a substitute operation called bloodless nerve stretching in which, while the patient is under ether, the thigh is forcibly flexed upon

the pelvis and the leg extended at the knee, and this position maintained for some minutes.

Cure is easier in the young than in the old, and in those of fair general health than those suffering from various serious chronic diseases. The more pronounced neurotic processes are not so amenable to treatment as the milder types, and one attack predisposes to another. The reason that some patients do not recover is that they are unable to pursue a persistent or systematic plan of treatment, and the physician, or more probably the physicians, who have had the case in hand have not had opportunity, owing to the frequent changes, to sufficiently study the case. Otherwise, the failure to cure must be due to the medical man not having studied his patient thoroughly enough, having overlooked some point. The only thing for him to do is to commence at the beginning, go it all over again, and try to ascertain wherein he has failed, for he has failed somewhere. An exact diagnosis of the conditions is one of the first and last means of cure.

APPENDICITIS VERSUS COLITIS.

In my opinion, Dr. Dieulafoy has lately brought before the Academy of Medicine a subject of great importance, relative to the diagnosis and treatment of so-called appendicitis. He has shown that in many instances French surgeons have operated where there was no appendicitis, but the symptoms properly understood, before and after operation, pointed undoubtedly to typheocolitis as being the disease present. The appendix in these cases was shown to be normal, and in those instances where strictures and thickening were present they were probably caused by or connected with a preceding attack, or attacks, of colitis. Dieulafoy limits the errors accused to cases of mistaken differential diagnosis of "mucous colitis" and appendicitis. In my judgment his appreciation should be broader. Ordinary cases of colitis of the catarrhal variety probably are often confounded with appendicitis, and operated on as such. The differential diagnosis has not been made with sufficient care, and error has arisen mainly because the so-called McBurney's point may exist, quite frequently with simple colitis, and because the irregularities of the bowels seem to be explained by the presence of appendicitis, when in reality they are caused by colitis.

The appendix is removed and examined almost invariably—macroscopically and also microscopically—by careful men. The disregarded cecum is not, cannot be, examined, and consequently is to-day ruled out as practically non-existent. There is no doubt in my own mind that formerly, as we know, the cecum was made much of—too much—and the appendix ignored. To-day we see just the reverse of the medal all the way along the line. Happily someone arises finally who sees and talks straight, and this one may be and now is such a commanding personality that he challenges inquiry which must be listened to and regarded with closest, most earnest attention. Many great surgeons of France oppose his views, and yet they respect and honor them, because he rings true. He, Dieulafoy, as the writer, has always desired and endorsed sane and wholesome surgery; what he is opposed to always, and unalterably, is surgery that he feels will ultimately be obliged to retrace its steps and grant the medical man the hearing and consideration which proceed from the larger view of the physical organism of man, and which recognized inactivity at times as "masterly" and the greatest human wisdom, when all sides of a question are calmly and rationally considered and duly weighed in the balance. I have written what precedes, filled with the importance of it, and corroborating and re-echoing only what Dieulafoy has so forcibly and truly, as I believe, defended and sustained.—Beverley Robinson, M.D., in *Medical Record.*

THE SECRETARY OF A COUNTY MEDICAL SOCIETY.

John B. Donaldson, M.D.,
Canonsburg, Pa.
Secretary of the Washington County Medical Society.

Show me your secretary, and I will tell you whether your society is a success or a drag. If he is prompt, active, and energetic, the society is bound to be a good one. I firmly believe the society is just what he sees fit to make it. Let me qualify this statement; I am speaking of the rural societies, not of the counties that contain large cities where they have a committee on programme, etc. I do not want to appear ego-

tistical, and hope you will pardon me for alluding so frequently to my own society, but I know what has been done there, and know the material to do it with.

This is an age of organization, and the profession has awakened to the necessity of doing something along these lines, but the average doctor is a mighty hard man to get interested in anything, especially in a scheme that he thinks will take his time. And, again, he feels that, if Dr. So-and-So is going to run the society, he "won't play." I often have men to tell me, "Well, if Dr. Blank is a specimen of your society, I want none of it in mine." Such men are rapidly becoming extinct, thank the Lord, and in a few years they will all be dead or have joined the ranks of the irregulars, where they belong. They remind me of Sam Jones' lecture in which he rips the hypocrites up the back in about this language: "You old Presbyterian brother, out there, that won't speak to your neighbor when you meet him on the road, why, the only reason you ain't in hell is because you ain't dead." And it is so. The chump doctor, who won't speak to his confrere, is rapidly becoming extinct. The young men are not trained along these lines. Why, you and I, old man, were taught to hate a homeopath like a snake. Our professors were men of these strong likes and dislikes, and did *us* much harm by teaching it. It takes a broad man almost a life time to get such stuff out of his head.

At this first meeting of the secretaries of the component societies of the state, I would like to say something helpful if I could. I want to see this feature of the society kept up, and know it will be productive of much good. The secretary must be a diplomat, and a busy man. To him will almost all grievances come, and it is up to him to pour oil on the troubled waters. You can generally bank on the average kicker not being very familiar with the rules of his society, and he generally writes the secretary for instruction, or for a copy of the By-Laws, for he is sure to have mislaid his copy. Answer his letter promptly, but don't hurry up the By-Laws if his point is too well taken. A little time soothes a whole lot, and he won't be quite so mad next week.

As to answering letters, a secretary should *never* allow a letter to remain over night unanswered. It is simply damnable the way the average doctor treats his correspondence. He pays about as much attention to it as he does to his prayers. He will not answer at all if it is possible to get out of it. Every secretary here will bear me out in this, I know. But for a secretary to be careless in this respect is simply unpardonable, no matter how trivial the request may appear to you. Let your work be systematic in every respect. Your notices must always come out on time. They should be neat and attractive in appearance. *Don't* send out postal card notices. You don't use postal cards in your own correspondence, and why should your society? We use a sheet, that we have printed for us at the beginning of the fiscal year, with quite a lot of information on it as a sort of letter head. These are printed on one side only, in bulk, and are used for the programmes each meeting, leaving a space for writing a few lines if needed. The difference in cost is trivial, and well worth the money. Neater designs will occur to many of you, but I think the idea a good one, and I have been flattered to have men from our own and other states thank me for the idea, which they had adopted. The practitioner is a busy man. His mind is not on society work, and you must keep him posted. You can do it in this way. Tell him every month when the state society and the American Medical Association meet and where. He won't mind it from one month to the next, but keep on telling him. Tell him who the officers are, how many members you have, when you were organized, and such other information as may occur to you that every medical man should know. Keep before him all the time how a man may become a member of the society and what he gains by so doing. By and by he will absorb these things and be proud to tell his folks.

For your secretary always pick a busy man. It is a mistake to say, Dr. Blank does not have much to do, and will make a good secretary. The busy fellow is the chap you want. He does not get weary half as soon as the idle fellow, who generally does not have time to answer his letters or pay his bills. Pick a young man if you can get him with the requirements, but don't turn him down if he happens to be fifty and busy.

Once a society gets a good secretary keep him at it until he begins to flag, then turn

him down. Many a good society is kept in the mediocrity rank because they don't like to hurt the old secretary's feelings. It is a mistake! Fellow secretaries, as soon as you feel that you can't keep up the pace, resign! Keep up the interest in your meetings by having a strange speaker every time. The element of curiosity helps bring some. But don't neglect bringing out the young bashful talent of your own men. Make them and everybody else think the programme depends largely on them. It is easy if you get them going once. Every society has men that will surprise you if by a little urging you get them interested. Don't have *too much* on your programme. "Enough is as good as a feast," and, if your men go away tired, they don't carry home with them the feeling of satisfaction that you want. If your county is a large one, it may be of advantage to have one or two meetings each year in some other town than the regular meeting place, but our experience is that it does not do much good. Men get in the habit of going to a certain place and will not be pleased elsewhere.

Have an attractive place to meet. We have furnished for us by the county, in the court house, a beautiful room, adorned with portraits of our ex-presidents and noted dead.

As to the number of meetings each year, that can not be arbitrarily arranged. We meet bi-monthly now, having increased the meetings from three to six per year.

A secretary must of course never miss a meeting. Nothing short of real sickness in his family should justify his absence.

You run the risk, in taking the initiative in almost every movement that your society makes, of having the knockers say, "We have a little too much Donaldson (or whatever your name is) in our society." The only remedy for this is, like Davy Crocket, to "be sure you are right, then go ahead." The knocker you always have with you, and he often is productive of much good in helping to keep you in bounds. Make an ally of that chap as fast as you can. Make him *particeps criminis.* He is often a good fellow (in disguise). If I were making a scientific diagnosis of his case, as a rule I would say he is suffering from dementia paranoia, or more frequently dementia praecox.

Never allow your minutes to remain unwritten twenty-four hours after a meeting. I have known minutes of county medical societies to remain unwritten for over ten years. Imagine the consternation of that secretary when called to produce the minute book; for the knocker finally got up the courage to demand it of a superannuated secretary, who should have been retired after his tenth year. You say, "Why, you expect a secretary to be immaculate!" and "Such men are impossible!" Not at all. First of all, your heart must be in the work, or don't take it. If you accept the office, put into it your whole heart, mind, and energy, and success is bound to follow. Put into it the same kind of work and brains you do in your business. Don't flag at any one point; if you do, you will make a failure. It is a pleasure to feel that you are the instrument of doing much good for your fellow doctors. The greatest pleasure of my life is to be in the society of the doctors of my community and state. About all the vacations I ever get are at the meetings of this and kindred societies, where I renew old acquaintances and form new ones that are a joy to me. And why shouldn't I enjoy these? They are the best fellows on earth; all you have to do is know them.

A secretary should never miss a meeting of his state or the national society. If possible be one of the representatives in its executive body. You will learn much as to how to deal with men. Belong to all the medical societies you can get into; attend and take part in them.

There is much that might be said as to the duties of a secretary, but it would be impossible to cover the ground in a five minute paper. To sum up the requisites of a good secretary, let me say briefly, and in conclusion, as the preachers say, use your brains, and if you don't have many, work what you have to the limit, and you will get results.

Anything will do for a president of a society, but not so as to the secretary—*Penn. Med. Jour.*

When removing a lipoma or other growth from the inner surface of the thigh a little care should be exercised in order to avoid cutting the long saphenous vein. Ligature of that vessel (especially in ambulant and in non-aseptic cases) may be followed by a distressing phlebitis.—*American Journal of Surgery.*

MEDICAL DEFENSE IN PENNSYLVANIA.

The Medical Society of the State of Pennsylvania has a medical defense fund which is managed by the Council, according to rules adopted at the last meeting held at Bedford Springs in September. Inasmuch as our State Society is about to undertake this work, we publish below the rules adopted by the Pennsylvania organization.

1. The Council shall, at each annual meeting, appoint an attorney at law for the term of one year as counsel for this Society.

2. The Council may, upon request, and in compliance with the conditions hereinafter named, assume the defense for the alleged malpractice brought against members of this Society.

3. The Council shall not undertake the defense of any suit brought for acts committed by a doctor prior to his qualification as a member of this Society.

4. Any member desiring to have the Society defend him in a suit for alleged malpractice shall present his case in writing to the censors of his county medical society, who shall advise him concerning the validity of the claim. A majority of the censors of his county society having submitted the documents in the case, and having certified in writing their approval of his defense, he may make application for defense to the Council, through the Secretary of the State Society. If the Council shall approve his application, and undertake his defense, he shall then sign a contract, vesting in the Council the authority to conduct the defense of said suit, and shall make such other arrangements as the Council may require; provided that no compromise shall be made without the consent of the accused, and provided, further, that nothing in the foregoing shall conflict with united action in the defense by the officials of any component county society, or of any corporation organized for this specific purpose in which he may be insured.

5. The Council, by a majority vote of all its members, shall contract with said applicant to take full charge of said suit, to furnish all medical expert services, and to pay all necessary expenses of the accused, excepting expenses for witnesses called to testify to questions of fact. Provided, that if the accused is insured in a corporation organized for the legal and financial defense of physicians, the foregoing responsibility of the Council may be divided with said corporation; or the member may be allowed a certain sum of money satisfactory to both Council and member, for part of his defense expenses, and the Society shall be relieved of all responsibility. The Council shall not obligate the Society to the payment of any damages awarded by the decree of court or upon compromise.

6. The Council shall in each case name the sum for the compensation of the attorney.

THE COUNTRY DOCTOR AND HIS DUTY.

It is a trait at once laudable and blameworthy that prompts the "country doctor" to hide his light under a bushel. It is laudable because it is an evidence of becoming modesty and a disinclination to "butt in." It is blameworthy because he is in a vast number of instances depriving his colleagues of hearing and learning from his source of wide observation and self-reliant experience.

Far removed from hospital and laboratory, and without many of the complicated and useful aids of instruments of precision, most often without even the aid and comfort of a consulting colleague to share the anxiety and the responsibility, he meets disease single handed, unfaltering, undismayed, and lifts his patient from the jaws of death by sheer professional ability in diagnosis and well-planned therapeusis, limited as may be the means at his command.

By his very environment the country doctor must be, and is, the ablest and best "all around man" in the profession of medicine and surgery. We do not refer to that stagnant class of unimproved practitioners, whose armamentarium consists wholly of ipecac and calomel, saying of their patients that they must either "puke 'em or purge 'em," otherwise the patients would not consider they were getting their money's worth.

We speak altogether of that class we all know so well who, by intelligent and professionally profitable experience, have

made themselves the peers of any in their chosen fields.

These men attend medical meetings, and are often quite ready to discuss informally their experiences, but it is a rare occasion when one will arise and by means of a carefully prepared paper and personally collected statistics give to the profession at large the benefit of his own observations.

We write this, therefore, to urge our "country doctors" to step forward into the arena where they rightly belong, and while they absorb knowledge by listening to the words of others, to shed light themselves upon those subjects on which they are so well fitted to speak. We urge them to tabulate their observations and experiences and give them freely, in careful papers, to their confreres in medical meetings. They owe it to their colleagues to do this, for in no profession is the grand and generous principle of "give and take" so beautifully adhered to as in ours. We have ever been taught that "it is more blessed to give than to receive."

Let us hear from you, *frater in rus!*—*S. C. Asso. Journal.*

DO CHEAP EXAMINATIONS PAY?

"Speaking of cheap examinations reminds me," said an examiner recently. "About ten years ago a large company announced a reduction of fees. I was medical referee and was held responsible for the appointment of all examiners in my territory. The reduction necessitated the frequent revision of my list ,hunting for cheap examiners, and frequently could obtain none. Letters of disapproval at last became so numerous, and the situation so critical that I took a bunch of letters and started for New York. On calling at the home office, I was invited to dine at The Lawyers' Club with the medical director and several other directors and officials. During the dinner I related the following incident:

"A few years ago I examined Mr. R. for a policy of $10,000 in a company, call it A, which paid $5 for the examination. The applicant was a chronic alcoholic, jaundiced, with cirrhosis of the liver. I so stated in my examination and advised unconditional rejection. Twelve days later, he was examined by Dr. S. for company B, which paid a reduced fee. The examination was perfect, rated first-class, and in the course of events a policy was issued.

"The applicant was buried a few months later, and shortly thereafter there appeared in my office a representative of company B, who spread copies of the two examinations before me.

' "Look at these," said he, 'there's something rotten. We have sufficient evidence of fraud to contest the payment.'

' "They seem all right,' I commented as I ran over the examinations.

' "All right, eh!' he exclaimed, 'What kind of a fellow is this Dr. S.?'

' "Good fellow,' I affirmed.

' "Good for nothing,' retorted he. 'It's a damnable fraud or inexcusable blunder; how do you explain it?'

' "Easy enough,' said I. 'He did exactly right. You see, when I made the examination, I started at the head and went down; examined his special senses, chest, heart, lungs, abdomen, clear on down to his toes, and made a careful report. Dr. S. did the same; began at the head, examined his special senses, his chest, his heart, his lungs, and when he got to the diaphragm the money gave out—he couldn't afford to go any further. The trouble, unfortunately, was lower down, and you got your deserts. Better not be sued. It would be better to pay your policy and take your medicine; the facts will beat you. Good day.'

"The directors gasped and roared,

' "Money gave out! ha, ha, ha!'

' "Got to the diaphragm and the money gave out—ha, ha, ha!'

"As we parted at the elevator, they were still measuring on their vests, and saying:

' "By George, that's rich, got so far and the money gave out!'

' "Gad the money gave out!'

"At the very next meeting of the directors the former fees were restored, and the subject, during the official life of those directors, was never again agitated."—*Jour. of Kansas Med. Asso.*

A Mercier catheter is the first kind that ought to be employed in attempting to overcome retention caused by an enlarged prostate. Often it will have to be resorted to in the end; and, therefore, it will save much unsuccessful manipulation to use it at once. Occasionally a metal catheter will pass when even a Mercier fails.—*American Journal of Surgery.*

The West Virginia Medical Journal.

COMMITTEE ON PUBLICATION.
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L. D. WILSON, M.D., JNO. L. DICKEY, M.D.
Office of Publication: The News.

WHEELING, W. VA., APRIL, 1907.

THE JOURNAL will be published for the first year as a bi-monthly—August, October, December, February, April and June. Commencing with July, 1907, we expect to issue a monthly.

Subscription, - - - - - - - - - - - $1.00 per year
Single Copies, - - - - - - - - - - - - - 20 cents

All communications to this Journal must be made to it exclusively. Communications and items of general interest to the profession are invited from all over the State. Notices of deaths, removals from the State, changes of location, etc., are requested.

Our readers are requested to send us marked copies of local newspapers containing matters of interest to members of the medical profession. Name of sender should be given.

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Editorial.

The W. Va. State Medical Association will meet in Huntington May 15th, 16th and 17th.

T. W. MOORE, Secretary.

The above notice is a reminder of the passage of time. We are forty years old, a fitting occasion for a rousing reunion! Get your pen and brain in working order and help to make this anniversary the greatest and best meeting the association has yet held. THE JOURNAL will need more material next year, and it should be better, for West Virginia is marching forward and upward, and our Society and JOURNAL must keep the pace. Don't let any trifle keep you from this meeting. The only way to keep in touch with medical progress is to mingle with the boys on the march. Come along and bring the non-members with you. Let them learn what a splendid set of men W. Va. Association doctors are. We hope to have the June number of the JOURNAL issued on May 10th, so that all may have it, with complete program, before going to the meeting. Let the Secretary have title of your paper as soon as convenient.

OUR STATE MEDICAL LEGISLATION.

The people, not less than the medical profession of our State, are to be congratulated upon the success that at last has crowned our efforts to obtain a satisfactory statute regulating the practice of medicine. The legislature, which, at its recent session, enacted the legislation so strongly favored by our profession, has shown a breadth of view and an enlightened comprehension regarding this subject, much beyond that of its more recent predecessors. For this it deserves and should receive the hearty commendation of its entire constituency. It is with no small degree of pride that we can point to the fact, that West Virginia has ever been among the foremost in legislating in the interests of public health and medical practice regulation. When, on March 8th, 1881, the act creating a State Board of Health and regulating the practice of medicine was passed, but few of her sister States had similar enactments; and it is doubtful if such as did exist were so free from defects or contained so much of excellence. It was through the operation of this law that the case arose in which the constitutionality of such legislation was attacked, and it was due to the care and skill with which it was framed that it was triumphantly sustained. West Virginia has the honorable distinction of being the State that was called on to defend her statute before the Supreme Court of the United States. And when her power to enact such legislation was affirmed by that high tribunal, the constitutional status of all similar enactments was settled for all time, and the battle for State regulation of medical practice was won. Following this decision, State after State adopted similar measures, until now all have estab-

lished regulations of more or less excellence.

The law as first enacted required an examination before the Board of those only who were non-graduates, or who were graduates of schools whose requirements for graduation fell below the standard fixed by it. Graduates of recognized schools were granted certificates to practice on presentation of a diploma. The demand on the part of the several State Boards for a higher standard of medical training was soon responded to by the schools, and in the course of a few years the next step toward an ideal regulation law was taken. This was the requirement of an examination of all applicants for a certificate, whether graduates or not. This point gained, it was but a short, but not, as it proved, such an easy step, to the desired goal. However, persistence triumphed and the step has been taken. The law now requires that all applicants for examination for certificates to practice shall be graduates of a reputable medical school before they shall be permitted to appear before the Board. The law, in so far as it relates to the maintenance of a high standard of medical training and acquirements, is now about as good as it can be made. An additional excellent feature is the provision for accepting the certificates of such other States as have established equivalent standards and regulations, in lieu of an examination. There seems to be but one more step needed to render our law almost a "counsel of perfection," and that is, to place the selection of the members of the State Examining Board in the hands of the organized profession, in other words, in the State Medical Association. This step we may reasonably hope soon to see taken. It is only needful that the law be amended so as to require all appointments to positions on the State Examining Board to be made from a list of names recommended by the State Medical Society. Virginia has had this provision in her law for a good many years.

The new pharmacy law, enacted at the late session, contains a provision for the submission to the Governor, by the State Pharmaceutical Association, of "five names, from which, *or from others,*" the annual vacancy in the State Board of Pharmacy shall be filled. The phrase, "or from others," leaves the matter entirely at the discretion of the Governor, whether or not he shall make the selection from the names so submitted. We cannot believe that the objectionable clause will long be retained, or that the privilege granted to the State Pharmaceutical Association will long be withheld from the State Medical Association. As the profession in the State is so rapidly perfecting its organization, we shall soon be able to speak for a consituency that will be, as it will deserve to be heard. Meanwhile, West Virginia proudly maintains her station in the foremost rank of those sister commonwealths that seek, by wise and enlightened legislation, to guard the highest interests of their people.

Pertinent to the subject, and more lucidly illustrating some of its phases, the following from the President of the State Medical Association, is appended:

THE LESSON FROM OUR RECENT VICTORY.

The defects which have existed in the legislation pertaining to the regulation of the practice of medicine in our State for so many years, have at last been removed. Henceforth our State ceases to be the dumping ground for the "flunks" of boards of examiners of neighboring states, for the graduates from medical schools of a questionable reputation are to be excluded. The undergraduate is also debarred. This will work a hardship to some of the medical diploma mills, as they will no longer be able to point to West Virginia as a place where their impecunious matriculates can practice and gather enough money for payment of their tuition fees, but the people gain materially thereby. The osteopath will no longer be a menace to the health and lives of our citizens, for before he can practice his art he must qualify as one able to diagnose and differentiate diseases. All this is of immense benefit to the public, and we, the guardians of the public health, find reason for rejoicing in the knowledge that it was through our efforts that all this was accomplished and that we have thus discharged a duty which is ours by right and tradition. The clause in the amended health bill providing for reciprocity in licensure, however, is of direct benefit to every one of us, and in its enactment we have cause for rejoicing for our own sake.

The accomplishment of all this was not a case of "Veni, Vidi, Vici." A battle of no mean proportions had to be fought. On the one hand there was to be overcome the adverse influence of a lack of appreciation on the part of the people and their legislators of the public benefits to be expected from this legislation; and on the other hand, the opposition of the irregulars, few, but strongly organized, who seemed to think that their very existence was endangered by such legislation as was sought for. Considerable time, labor and money had to be spent in accomplishing our purpose.

A superficial examination of the factors responsible for this happy result will, of course,

point to the officers and committeemen of our State Association, who have been active in this matter; and we hope that due credit will be given them. But there were not wanting such officers and committeemen in 1901, in 1903 and in 1905. A close examination will, we believe, show that the victory is due to the extent and efficiency which the West Virginia State Medical Association has reached this year. To the close observer, the earnestness with which medical legislation was discussed last May at Webster Springs foreshadowed success. Every one present went home fully informed of the need of such legislation, and those who were honored by the Association with the various offices and positions left that meeting feeling a double responsibility in the matter. The subsequent discussion of it in the meetings of the component societies caused its importance to be felt among the rest of the members, and through them among the entire profession of the State. This made agitation among the thinking classes of our people fairly easy, and the readiness with which such people signed our petitions to the legislators was remarkable.

The result was inevitable. Never before have our legislative halls re-echoed with such enthusiastic eulogies in favor of bills championed by the medical profession.

The lesson from all this is simple. In unity there is strength. Yet, it seems to have taken the medical profession so long to learn this. Let us hope that this lesson will not be easily forgotten; that those of us who are members of the State Association will continue our activity as such, and that those who are not members will at last have found an argument in favor of joining the Association without delay.

So say we all of us.—W.

TRYPSIN IN THE TREATMENT OF CANCER.

It seems proper to call to the attention of our readers this latest remedy, that has in it sufficient promise to attract the attention of not a few excellent physicians. For it we are indebted to Dr. John Beard, Lecturer on Comparative Anatomy in the University of Edinburgh. Dr. Beard, to quote from Morton of New York, believes that the cancer cell differs from other cells solely in the characteristic that it is a latent and aberrant germ cell unmodified, as it should have been, in the ordinary course of the development of the embryo, and which should have degenerated and passed out of existence at about the sixth week of the life of the embryo, by the influence of the pancreatic juice. Certain of these cells, escaping destruction, propagate themselves and generate cancer. Therefore pancreatic juice, or trypsin obtained from it, should be effective in the treatment of these malignant growths.

In various papers, during the several years past, Dr. Beard's views have been presented to the profession, and unfortunately to the laity by Dr. C. W. Saleeby, who has, in *Harper's Weekly* and *McClure's Magazine,* aroused in the minds of cancer sufferers hopes that probably cannot be realized.

In the *Medical Record* of December 8th is an account, by Dr. W. J. Morton of New York City, of the treatment of thirty cases of cancer by trypsin, the proteolytic principle, and amylopsin, a pancreatic diastase devoid of trypsin. Dr. Beard believes that the latter is necessary to promote the removal of the cancer cells after their destruction by trypsin. Both remedies are administered in solution hypodermically about three times a week, commencing with 5 drops and increasing to 20 or more, the dose depending upon results. Decided reaction, both local and general, often follows the injections. This, as will be seen below, Morton regards as favorable.

Dr. Margaret A. Cleaves of New York and F. B. Golley of Milwaukee also report encouraging results from this treatment. In a recent edition of Shaw-Mackensie's book on Cancer, the author reports some cases in which the trypsin treatment proved successful.

On the other hand, it is reported in the *N. Y. Times* that "the London Cancer Hospital has discontinued the use of the remedy, the surgeons having failed to obtain any beneficial results from it. In some hospitals the experiments are still proceeding, but apparently without expectation that they will result otherwise than have the tests at the Cancer Hospital." Our readers, however, are entitled to have the results of trials made in this country, and we hence give, in condensed form, Dr. Morton's own estimate of his work. It is proper to add that later observation, by Dr. Bainbridge, of the case referred to under 2 and examination of the removed gland, have demonstrated that Dr. Morton's conclusion was erroneous, and that "curative obliteration" had by no means occurred.

1. Two severe cases of face cancer cured.

2. Degeneration and atrophy, to curative obliteration, of mammary carcinoma.

3. Amelioration in the progress of the disease in all cases.

5. Local and constitutional reaction, of temporary duration, which is favorable, indicating

that the trypsin has attacked the cancer, the symptoms being the toxic action of absorbed destroyed cancer products.

6. Enlarged glands in association with cancer rapidly diminish in size.

7. A decided improvement in cancer cachexia.

8 and 9. Uterine cancer halted, hemorrhage sometimes stopped and pain relieved.

10 and 11. Amylopsin used after trypsin causes patients to feel comfortable. Trypsin should be pushed to 20 to 30 minims daily for four to six weeks, and then amylopsin follow.

Dr. W. S. Bainbridge, Surg. to N. Y. Cancer Hospital (*N. Y. Med. Jour.*, March 2, '07), writing after Morton's report was published, takes a more conservative view. While his first experiments were disappointing, he thinks there is "sufficient ground for further careful trial of the pancreatic treatment." "Let the trypsin treatment," he concludes, "receive the scientific test. While it is being tested, let there be suspended judgment. When the evidence is correlated and the final verdict rendered, if favorable, let it be accepted." This conclusion does not differ greatly from Morton, whose final deduction is this: "In all fairness trypsin deserves further trial, but I reserve an opinion as to its actual therapeutic value until I can speak from a larger experience."—J.

SHALL WE QUARANTINE SMALL-POX?

That is, shall we isolate the patient, shut the family in, put a guard over the premises and support the family at public expense? Well, that is what we have been doing for many years, at the cost of untold thousands, and still the disease goes on its way, killing some and disfiguring many more. This kind of sanitary management does not always control small-pox. The guards themselves, generally ignorant, careless men, may become a means of spreading the disease, and this the writer has seen. Vaccination does control small-pox. No fact in science was ever more clearly demonstrated than this. We are therefore spending many thousands annually in carrying out very expensive, uncertain and therefore unscientific measures of prevention, instead of adopting and rigidly enforcing the very economical, certain and scientific measure, namely, vaccination.

The writer's infantile vaccination has protected him through eleven years' service as City Health Officer, and many hundred visits to small-pox cases. Two young infants he vaccinated were permitted to suckle their mothers through quite severe attacks of small-pox. One escaped entirely, the other (vaccinated on the fourth day of the mother's illness) had a half dozen small vesicles only. Of the writer's last forty cases of the disease, not one showed any evidence of vaccination, and but one claimed to have ever been vaccinated. The medical profession does not fear small-pox because it practices its own precepts and knows it is secure.

The immense sums of money, then, expended in isolating, guarding, cleaning, disinfecting, replacing beds, bedding, and clothing, are for the protection of ignorant foolish or prejudiced people, a very small portion of every community. Now we think it is high time that the scientific method should be enforced, and an end be put to the large leak in the public treasury. We therefore heartily endorse the action of the Minnesota State Board of Health, which has issued the following notice:

"It having been established that smallpox will not spread in a well vaccinated community, and believing that all attempts to restrain smallpox in a community not protected by vaccination, by means of quarantine, will fail; that quarantine in a well vaccinated community is unnecessary; that attempts to control the spread of smallpox by means of quarantine is unscientific, irrational, expensive, and misleading; that in laying down strict rules for the quarantine of smallpox, sanitary authorities are favoring unscientific and illogical methods for its control, and are conveying false ideas as to the safety of the public, the Minnesota State Board of Health advises that after January 1, 1908, further attempts to control smallpox in Minnesota by means of quarantine shall be abandoned."

This may to some seem a radical measure, but if strictly adhered to, and especially if it should be generally adopted, it will be effective. When the foolish and ignorant learn that they are no longer to be protected at public expense, in case of sickness to be fed as never before, and to have their houses cleaned and refurnished, but that small-pox is to be simply placarded and otherwise managed just as scarlatina and diphtheria, they will begin to appreciate the application of science to the prevention of disease, and will begin to protect themselves as we physicians do, by the safe and certain method of vaccination.

No one but the writer is responsible for these views, but he is by no means the only physician who holds them.—J.

The manufacturing plant of Kress & Owen was visited by a destructive fire on March 4th. In four days the firm was again in business.

Constitutional amendment to be voted on at next meeting: Sec. 1 of Art. IX., to read: "The officers of this association shall be a president, three vice presidents, a secretary, assistant secretary," etc.

The profession was fortunate in having Senator Hicks, one of our own members, at the head of a most important committee. He deserves much credit for the good work done, as do Dr. Robins, Dr. Barber, our worthy president, Golden, and others whose names we would be glad to add had the needed information reached us. The Governor, too, has shown himself to be the friend of the people in favoring legislation intended for their physical betterment.

The medical profession of Illinois is moving for the establishment of a state epileptic colony, the passage of an act establishing a sanitarium for the treatment of tuberculosis, and an appropriation for the free distribution of diphtheria antitoxin. The doctors are ever in the lead in efforts for the betterment of the people, but the people are slow in learning it.

We have received from D. Appleton & Co., N. Y., a handsome illustrated catalogue of their medical publications which any of our readers can have for the asking. By the way, D. A. & Co. are publishing some fine books these days. We wouldn't object to reviewing a few of them.

To all new subscribers the Journal will be sent until July 1, 1908.

If you can't form a local society and thus secure the Journal, send your subscription at once.

In Memoriam

Dr. Wm. C. Cole

was born in Greene County, Pa., Feb. 9, 1867; died at Hundred, W. Va., July 19, 1905. He was twice married, first to Jennie Ashcroft, August 17, 1892. Two children, Glancy and Edwin, were born of this union. Second, to Maude Garrison, December 26, 1900. One child, Virginia, was born of this union.

He graduated at Hospital College of Medicine, Louisville, Ky., June 21, 1892. Took a post-graduate course at same place in 1896. Took post-graduate courses in New York in 1901 and 1902.

Dr. Cole was a very broad-minded, progressive and capable physician. Although he was located in a small country town, and he worked much in the country, his work was of a high grade and ranked with the best work done in the city. He had a very large practice and was much in demand as a consultant. At his death he owned and operated an excellent private hospital.

He was an exceedingly conscientious and careful physician, and his highest aim was to faithfully serve those who entrusted themselves to his care, even to the sacrifice of his own life. He made no religious profession, but he exemplified the highest teaching of the Master, for he truly gave his life in the service of others.

Dr. James W. Chesney.

Dr. James W. Chesney was born in Monongalia County, W. Va., November 17, 1854. He graduated in medicine from the College of Physicians and Surgeons at Baltimore, and about the same time was licensed to practice in this state. His first location was at Middlebourne in Tyler County, where he practiced until 1892, when he moved to Fairmont. He continued his practice at this place until his death, which occurred October 28, 1905. The cause of his death was angina pectoris.

He held appointment as member of the Pension Examining Board and was a member of the first board of censors of Marion County Society; he enjoyed a large and lucrative practice, and was held in highest esteem by his professional and business associates. The Marion County Medical Society sent beautiful floral pieces and attended the funeral in a body.

Dr. John Reese Davis.

Dr. John Reese Davis died at Moundsville after a long illness. He was born in Richmond, Va., October 26, 1844, and had been resident of Moundsville for the past thirty years, conducting a drug store on Seventh street. During the Civil War he served in Company H, Tenth Cavalry, under Major-General W. H. F. Lee.

During Dr. Davis's long residence in Moundsville he enjoyed the confidence and respect of all the surrounding community and for some years held positions in the city government. At the time of his death he was 61 years old and until lately had never been seriously ill. He was operated on some time ago and showed some signs of recovering, but a few days after he began to steadily grow worse, and despite the serious illness, his constitution upheld him until he was very weak and for the last few days was semi-conscious. He owed his strong constitution to the fact that he was a fresh air enthusiast, and a morning walk was as essential to him as any other duty of the day.

Dr. Thos. Maley Harris.

In the death of Doctor, better known as General, T. M. Harris, our state lost her oldest physician. Although never a member of our State Medical Association, he was a highly intelligent physician whose duties, however, after our organization, were chiefly political. His distinction entitles him to a place here.

General Thomas Maley Harris was born June 17, 1813, near what is now Harrisville, Ritchie County. He received a limited education in the subscription schools of that day and spent one term at Marietta College. He taught school afterwards, pursuing the study of medicine at the same time. He was assistant principal in the boys' department in the old Hanks Academy in Parkersburg, in the early forties. While holding that position he married Sophia Taylor Hall, principal of the girls' department, who had come from Massachusetts to teach in the school. Afterwards he attended Louisville Medical College, and in about 1843 he was practicing medicine in his old home neighborhood in Ritchie County. He continued in that practice from 1843 until 1856, when he removed to Glenville, Gilmer County, where he practiced until 1861.

When the war broke out he was authorized by Governor Pierpont, upon the recommendation of General Rosecrans, to raise a regiment of troops. After the regiment had been enlisted he was commissioned colonel. He served with his regiment in West Virginia until the summer of 1864, except for a short time, when he was with General Milroy at Winchester in the winter of 1862.

At the time of the Hunter raid he was ordered with his regiment from Beverly to the valley of Virginia, where he served under General Franz Sigel and afterwards under General Sheridan, being attached to the Eighth corps, or what was known as the Army of West Virginia, commanded by General George Crooks. He participated in all the heavy fighting in the valley in the summer and fall of 1864, as brigade and division commander. For gallant conduct at the battle of Cedar Creek he was brevetted a brigadier general.

At the close of the valley campaign he was in command of a division which was afterwards transferred to Grant's army in front of Richmond, and was known as the independent division of the Twenty-fourth army corps, Army of the James, at which time he received a commission as brigadier general. He was in the heavy fighting in front of Petersburg in the spring of 1865, at Hatcher's Run and other points along the line, and his command stormed Fort Whitworth and captured it after a desperate fight. At Appomattox he was immediately in front of Lee's advance line and sent out a company of sharp shooters under command of the late Capt. Kirkpatrick, of Wetzel County, that silenced the last battery that Lee ever put in position.

After the assassination of Abraham Lincoln he was ordered to Washington and detailed as a member of the military commission that tried the conspirators under arrest there.

After the work of the commission was over, General Harris was placed in command of the Department of Northern Virginia with headquarters at Fredericksburg, where he remained until early in 1866, having been commissioned a major general by brevet in the meantime.

Upon being mustered out of service, General Harris returned to his old home in Ritchie County.

Edwin M. Stanton, secretary of war, in recognition of his services in the field, tendered General Harris the lieutenant colonency of the Thirty-seventh regulars, but the appointment was declined on account of age.

He was elected from Ritchie County to the Legislature in 1867. He was appointed adjutant general of the state under Gov-

ernor Stevenson, and afterwards was commissioned by President Grant as United States pension agent at Wheeling, which place he held a number of years, and until the agency was abolished, after which he returned to Ritchie County, and resumed the practice of medicine, which he followed until about 1885, since which time he has lived a quiet life at his home near Harrisville. His wife died in September, 1885. He was married again in 1888 to Miss Clara Maley, of Iowa. Four children were born to the first marriage—Martha A., who married Rev. J. R. Johnston, pastor of the United Presbyterian Church at Washington, Pa.; Mary Virginia, who died in early womanhood: Agnes, who died in infancy, and John T. Harris, who now resides in Parkersburg.

From early manhood General Harris was a devoted and consistent member of the United Presbyterian Church. He was the oldest citizen of Ritchie County, born in the county. He was a man of strong mind, deep convictions, great will power, kindly in his disposition, charitable and generous beyond measure and full of love for his fellowman.

New Legislation

NEW BOARD OF HEALTH BILL.

In order that our readers may better understand the law governing the Boards of Health, we give an outline of the law, with the amendments made by the recent legislature:

Sec. 1. The State B. of H. to consist of two physicians from each Congressional district, graduates of reputable schools, and in continuous practice for at least six years prior to appointment.

Sec. 2. Members shall take an oath of office.

Sec. 3. Board to elect a president and secretary bi-ennially. Board may sue and be sued, contract, etc., as any corporation. To make rules for its guidance.

Sec. 4. Defines the secretary's duties.

Sec. 5. Board to make sanitary investigations, study the causes of epidemics, and endemics, the sources of mortality, the effects of localities, employment, habits, etc., on the public health. Also the causes of disease among stock and the remedy. Oversee the water supply, drainage and sewerage of cities, towns and villages, and the heating and ventilation of halls, prisons and workshops; the ventilation of coal mines. May establish quarantine when and where deemed proper, and adopt other measures to suppress disease. Common carriers to obey the Board's rules on penalty of $50.00 to $500.00 or confinement in jail.

Sec. 6. (New amendment).

"It shall be the duty of the county court to nominate and the State Board of Health to appoint, in each of the counties of this State, three intelligent and discreet persons residing therein, two of whom shall be citizens and one a physician qualified to practice medicine under the provisions of this chapter, and the persons so appointed, shall, with the president of the county court and the prosecuting attorney for the county, constitute a local board of health for the county of their residence except as hereinafter otherwise provided. They shall hold their office for four years and until their successors are appointed, unless sooner removed from office by the State Board of Health. The physician of the local board shall be the executive officer of the board and the health officer of the county, and he shall out of the treasury of the county receive a yearly salary to be fixed by the county court, and the other members of the local board shall be paid their expenses when actually employed; vacancies of the said board shall be filled by the State Board for the unexpired term, upon the nomination of the county court. The said local board of health shall make and establish for their county, or for any district, or place therein, such sanitary regulations or rules as they may deem proper to prevent the outbreak and spread of cholera, small-pox, scarlet fever, diphtheria, tuberculosis and other endemic, epidemic, infectious and contagious diseases, and they or any of them may, except in the night time, in the performance of the duty imposed upon them, enter into or upon any house or premises and inspect the same, whenever they have reason to believe that such house or premises is in an unclean or infectious condition; and if any house or premises so inspected, is found in such condition as aforesaid, said local board of health shall direct and require the person in charge, or occupying the same, if of sufficient means, to cleanse and purify same according to the sanitary rules and regulations made by the said board as aforesaid. Such local board shall enforce within their county all the lawful rules and regulations of the State Board of Health applicable to such county. It shall be the duty of every practicing physician in any county in which there is such local board of health to report promptly all or any diseases of the above named character under treatment by him, and said local board shall once at least in every three months report to the State Board of Health the character of all such infectious, contagious and epidemic diseases, the number of persons reported as infected with such diseases, naming the same, the action taken by the local board to arrest the progress of every such disease and the visible effects, if any, of such action.

It shall be the duty of the council of every incorporated city, town or village to nominate and the State Board of Health to appoint, in each incorporated city, town or village within

this state three intelligent and discreet persons of said city, town or village, one of whom shall be a practicing physician, if there be such physician within the corporate limits of said city, town or village, and the persons so appointed shall, with the mayor and city solicitor, if there be a city solicitor, constitute a local board for the city, town or village of their residence, whose duties and powers within the corporate limits of their said city, town or village and terms of office shall be the same as those of the local county board of health hereinbefore mentioned. The physician of the board shall be the executive officer of the board and health officer of the city, town or village and he shall out of the treasury of the city, town or village receive a yearly salary fixed by the council of said city, town or village, and the other members of the board shall be paid their expenses when actually employed. The jurisdiction of the county board of health shall not extend thereto, but said city town or village board of health shall be auxiliary to and act in harmony with the State Board of Health. When a vacancy shall occur in the membership of either of the local boards herein provided for either by the expiration of the term of office or otherwise, it shall be the duty of the county court or the municipal council, as the case may be, in the county or city, town or village in which the vacancy exists, at its next regular meeting after such vacancy shall occur to nominate and the State Board of Health to appoint a person to fill said vacancy, and if the said county court or municipal council fail or refuse to make said nomination at the time above specified it shall be the duty of the State Board of Health to appoint a person to fill said vacancy notwithstanding. Any person failing or refusing to perform any duty required of him by this section shall be guilty of a misdemeanor and fined not less than ten nor more than one hundred dollars."

Sec. 7. Empowers local boards of health to quarantine against disease, subject to removal by State Board. May confine any infected person or other person liable to spread disease, employing a guard if necessary. Person may be fined $25.00 to $100.00 for violation of board's order.

Sec. 8. State or local board to have power to prevent the landing of any vessel with infectious disease. May detain any railroad train until investigated and, if necessary, disinfected.

Sec. 9. (New amendment).

The following persons and no others shall hereafter be permitted to practice medicine in this state.

First. All such persons as shall be legally entitled to practice medicine in this state at the time of the passage of this act.

Second. All such persons as shall be graduates of a reputable medical college, recognized as such by the State Board of Health, who shall pass an examination before said State Board of Health and shall receive certificates therefrom, as hereinafter provided; Provided, also, That the State Board of Health, or a majority of them, may accept in lieu of an examination, the certificate of license to practice medicine legally granted by the board of registration or examination or licensing board of any other state, territory or any foreign country whose standard of qualification for the practice of medicine is equivalent to that of this state, and grant to the said applicant a certificate of license to practice medicine in this state; Provided, Such states, territories or foreign countries accord like privilege to medical licentiates of this state. The State Board of Health shall, at such times as a majority of them may deem proper, hold examinations for the licensing of practitioners of medicine. Such examinations shall not be less in number than three, during each year and shall be held at such points in the state as shall be most convenient to those presenting themselves for examination, or to the State Board of Health. At such examinations, written and oral questions shall be submitted to the applicants for license, covering all the essential branches of the science of medicine and surgery, and the examination shall be a thorough and decisive test of the knowledge and ability of the applicants. The president and secretary of the State Board of Health shall issue certificates to all who successfully pass the said examination, and to all those whose certificates said Board of Health or a majority of them shall accept in lieu of an examination as hereinbefore provided, except that in all the certificates issued to applicants who adhere to the osteopathic school it shall appear that it is for the practice of osteopathy, and such certificates, after being duly recorded as hereinafter provided, shall be deemed licenses to practice medicine, surgery and osteopathy in all their branches in this state. The State Board of Health shall give timely notice of the time and place of holding each such examination, by publishing such notice in at least three newspapers of general circulation in this state, and all such persons wishing to present themselves for examination shall notify the secretary and comply with the rules of the State Board of Health. No applicant for license to practice medicine in this state shall be rejected because of his or her adherence to any particular school of theory of medicine. The State Board of Health shall call to their assistance, in the examination of any applicant who professes the homeopathic, osteopathic or eclectic school of medicine, a homeopathic, osteopathic or eclectic physician entitled to practice medicine in this state under this act, and such homeopathic, osteopathic or eclectic physician so called to the assistance of the State Board of Health, shall be allowed the per diem and actual expenses incurred hereinafter allowed to regular members of the State Board of Health; Provided, however, That the provisions of this and the preceding section shall not apply to physicians living in other states and duly qualified to practice medicine therein, who shall be called in consultation into this state, by a physician legally entitled to practice medicine in this state under this chapter, and provided further that the provisions of this chapter shall not apply to females practicing mid-

wifery, or to commissioned officers of the United States Army and Navy and Marine Hospital Service when in the actual discharge of their duties as such commissioned officers; Provided, further, That this Act shall not apply to osteopathic physicians practicing in the state at the time this Act takes effect who are graduates of any recognized, reputable, school of osteopathy.

Sec. 10. Certificates to practice to be kept on record in secretary's office. "The State Board of Health may refuse certificates to individuals guilty of malpractice or dishonorable conduct, and they may revoke certificates for like causes. Such revocation being after due notice and trial by the board, with right of appeal to the circuit court."

Sec. 11. (New amendment). "Every person on presenting himself for examination as hereinbefore provided, shall pay to the State Board of Health or to the members thereof by whom he is examined a fee of ten dollars, which shall not be returned if a certificate be refused him. But he may again at any time within one year after such refusal present himself for examination as aforesaid, without the payment of an additioual fee, and if a certificate be again refused him, he may as often as he sees fit thereafter, on the payment of a fee of ten dollars, be examined as herein provided, until he obtains a certificate. All other persons who shall be granted a license to practice medicine in this state under the provisions of section nine of this chapter shall each pay a fee of $25.00 to the State Board of Health.

Sec. 12. Examinations to be in whole or in part in writing, and shall be in anatomy, physiology, chemistry, materia medica, pathology, pathological anatomy, surgery and obstetrics, and sufficiently direct to test the qualifications of the candidate as a practitioner of medicine, surgery and obstetrics.

Sec. 13. Defines the practice of medicine and says: "This Act shall apply to apothecaries and pharmacists who prescribe for the sick."

Sec. 14. Itinerants to pay $50.00 per month to sheriff.

Sec. 15. Fixes the penalty of $50.00 to $500.00 for violations of this law. For using a diploma or certificate other than his own, any person may be confined in jail or the penitentiary.

Sec. 16. Fixes salaries and expenses of the board.

(Remainder of the Act, of less interest, can be found in W. Va. Code, 1906, chapter 150).

NEW PHARMACY BILL.

Section 1 requires all pharmacists to be registered.

Sec. 2 forbids any but registered pharmacists to sell certain poisonous drugs, except by special permit in towns of less than 500 population.

Sec. 3. The Board of Pharmacy, of five registered pharmacists in active business, to be appointed by the Governor. State pharmaceutical association may submit five names from which to select one for annual vacancy, but the Governor may appoint another not named.

Sec. 4 provides for annual organization of the Board, which shall meet four times annually for the examination of candidates, etc.

Sec. 5. The Board to adopt rules, record its proceedings, keep a register of licentiates, report annually to the Governor and the State Pharmaceutical Association.

Sec. 6 provides that members of the Board shall receive five dollars for each day actually employed. The Secretary's salary to be fixed by the Board. Funds collected from examinations to be turned into State treasury.

Sec. 7. Applicants for license must be 21 years old and have had four years' experience in pharmacy under a licensed pharmacist, but from this time may be deducted that spent at a reputable school of pharmacy. License to be for two years only, this to apply to present pharmacists as well as to new applicants.

Sec. 8 provides for reciprocity with other States.

Sec. 9. License to be conspicuously exposed. All licensed pharmacists to renew application for license.

Sec. 10. Fees for license as pharmacist, $10.00; assistant, $5.00.

Sec. 11. Fine not to exceed $100 for the adulteration of drugs.

Sec. 12. All prescriptions to be kept for five years.

Sec. 13 makes it unlawful to sell any drug, medicine, chemical or composition or any implement or appliance for the treatment of disease, injury or deformity by public outcry or vending on the street.

Sec. 14. No unlicensed person may use the title of pharmacist, druggist or apothecary.

Sec. 15. All poisons sold to be marked with the death's head and the word poison, and to be entered in a book, with date of sale, name and residence of purchaser, name and quantity of poison sold, the purpose for which it is to be used and the name of the dispenser.

Sec. 16 forbids the selling of cocaine, alpha or beta eucaine, morphine, heroin, chloral or any solution or compound of any of these except on the written order or prescription of a physician, dentist or veterinarian. And no "refill" shall be sold. No copy of such prescription shall be given to any one. Exceptions: prescriptions containing not more than 2 gr. opium, or 1¼ gr. morphine, or ¼ gr. heroin, or ⅛ gr. cocaine, or ⅛ gr. eucaine, or 10 gr. chloral. No physician or dentist is permitted to prescribe any of the above drugs to any habitual user of them, unless actually under his professional care. Penalty, $25.00 to $50.00. For second offense, $50.00 to $100.00. For further offense, $100.00 to $200.00 and a revocation of license.

Sec. 17 provides penalties for violation of any provision of this act.

PURE FOOD AND DRUG BILL.

Sec. 1 empowers prosecuting attorney to have any suspected food product, drink or drug analyzed.

Sec. 2 forbids the adulteration of any food, drink, confectionery, condiment or medicine for internal or external use, or antiseptic, disinfectant or cosmetic.

Sec. 3 defines adulteration. (1) Drugs must be of U. S. P. strength. (2) Must, if unofficial, be of the professed strength. (3) In case of food, confectionery or condiment it must be of proper quality and have nothing deleterious added; must be free from taint or infection, in short it must be what it seems and is said to be.

Sec. 4. In the case of drugs (they are adulterated):

First. If they be an imitation of or offered for sale under the name of another article.

Second. If the contents of the package as originally put up shall have been removed, in whole or in part, and other contents shall have been placed in such package, or if the package fails to bear a statement on the label of the quantity or proportion of any alcohol, morphine, opium, cocaine, heroin, alpha or beta eucaine, chloroform, cannabis indica, chloral hydrate, acetanilid or any derivative or preparation of any such substance contained therein.

Provided, That nothing in this paragraph shall be construed to apply to the dispensing of prescriptions written by regular licensed practicing physicians, veterinary surgeons and dentists, and kept on file by the dispensing pharmacist. nor to such drugs as are recognized in the United States Pharmacopoeia and the National Formulary, which are sold under the name by which they are recognized.

Sec. 5, for violation of this act, fixes a penalty of $50.00 to $100.00 or imprisonment not less than 20 nor more than 60 days, or both for each subsequent offense.

Sec. 6 says "person" here means "persons, corporations or co-partnerships."

Sec. 7 forbids the killing for the purpose of sale or the selling of any calf under four weeks old, on penalty of $5.00 to $15.00 fine.

Sec. 8 provides for the payment, by those convicted, of the expenses of investigation, analysis, etc., and a fee of $20.00 to the prosecuting attorney.

Sec. 9. The act to go into effect January 1, 1908.

Society Proceedings

Ohio County Medical Society

On February 15th held a joint session with the pharmacists of the county. The meeting was largely attended, and that it was interesting is indicated by the fact that adjournment occurred at 1 a. m.

The first paper was read by Dr. S. L. Jepson on "Drug Poisoning," and detailed the writer's personal experience after an overdose of atropia taken by the mistake of a druggist in filling a prescription. The paper will appear later in the Journal.

Dr. J. O. Howells, of Bridgeport, O. (associate member), followed with some remarks on "The Shortcomings of Druggists." He thought it important that pharmacists be well educated, able to make any preparation or chemical compound or fill accurately any prescription that might come to him. The pharmacopoea is at fault in the use of long, difficult terms for preparations, while the proprietary manufacturer seeks for brief, attractive names, and thus catches both doctors and patients. A close relation should be cultivated between physicians and druggists, for thus confidence is engendered, and any errors or misunderstandings easily explained. He advocated the establishment of laboratories in connection with schools of pharmacy, where all new remedies might be investigated and the students be given some practical work.

Mr. W. W. Irwin, pharmacist, touched upon the "Integrity of the Druggist" in a few well-chosen remarks.

Mr. E. Bruce Dawson, Secretary of the Pharmaceutical Association. spoke of "The Up-to-Date Druggist," who is characterized by confidence, knowledge, integrity and correct habits. He said that patent medicines are gradually losing ground, and that the progressive druggist is giving them little shelf room, preferring to display the U. S. P. and N. F. preparations, about which he can speak with positive knowledge, rather than fill his shelves with proprietaries of which he knows nothing except what is told on the label, and this is generally not the truth. He counseled pharmacists to join their association and attend its meetings, recreate occasionally, even "break into the Legislature" to accomplish something for the profession, as a number of physicians had recently done, with the result that important and beneficial changes in the laws had been secured.

Dr. C. A. Wingerter discussed the "Ethics of Prescription Writing." He laid down the definition that ethics here meant the basic principles of right action; and in this instance the aim that must ever be held before the mind of the physician was the good of his patient. To insure this it was first needful for the physician to be able to write a good prescription, which predicated knowledge of materia medica, pharmacology and rational therapeutics. He then discussed the things detrimental to the good of the patient, and therefore opposed to the ethics of prescription writing, namely: Routine prescribing; the use of proprietary preparations; the practice of taking a commission from a druggist; the encouragement of counter-prescribing or of "cut-rate" druggists.

President Coleman of the Pharmaceutical Association, in discussing "The U. S. P. and N. F. vs. Proprietaries," deprecated the fact that many physicians so greatly neglect the study of the U. S. P. and N. F. preparations, thus engendering an ignorance of official drugs that inevitably results in a resort to nostrums. This is forcibly shown by his own experience, which indicates, too, that this evil is on the increase. On examining the first 100 prescriptions on file in his store in 1887 he found that

but eight proprietaries were used. The average cost of the 100 prescriptions was 35 cents. In the first 100 prescriptions of the present year are 83 proprietaries, and the average cost has reached 55 cents. Of the 83 proprietaries received in the first hundred this year 64 were in the prescriptions of members of Ohio County Medical Society. The net result, increased cost to patient, decreased profit to the pharmacist, and (we add), diminished good to patient and vanishing knowledge of materia medica to the physician. Mr. Coleman noted one prescription with four proprietaries in it, a number with three, etc. The very proper deduction was drawn that if this practice is to continue a knowledge of pharmacy is no longer greatly needed. He pointed out that the U. S. P. and N. F. contain preparations practically identical in composition with many of the better proprietaries, and urged that physicians familiarize themselves with these, which can always be sold at a lower price, and thus the patient receive a medicine at less cost, the composition of which is certain.

Mr. John Ehrle concluded the discussion in a paper on "The Druggist as an Aid to the Physician." He expressed his appreciation of the value of these joint meetings in cultivating a closer union between the professions, and felt sure that the druggist can at times be helpful in giving hints as to certain remedies, and in advising patients as to their best interests. There are three classes who come to the druggist seeking aid, viz: 1. Those who will see a physician if advised. 2. Those who will do so after some persuasion. 3. Those who will not do so under any circumstances. The druggist can do the medical profession much good by properly advising these people. He can also aid the doctor by honesty and capacity in his business, qualities which every druggist should possess. He criticised physicians for their neglect to prescribe compatible drugs and for their bad penmanship in prescriptions, and errors of various kinds. In these cases the druggist is very helpful by quickly informing the doctor of his mistakes. The doctor as well as the pharmacist is liable to err, and he objected to a "call down" by the doctor for a mistake that may be due to his own shortcoming. Mutual confidence and forbearance is the better policy.

At the close of the discussion Dr. Jepson presented the following resolution, which was received with applause and unanimously adopted:

Resolved, That a committee of three pharmacists and three physicians be appointed, to whom all new preparations presented by detail men shall be referred, and that no stock of any such preparation shall be purchased unless it shall first have been approved by this committee.

The society was favored by the presence of Dr. Weirick, of Wellsburg; Dr. Houston, of Moundsville; Dr. McDonald, of Fairmont, and Dr. George H. Benton, some of whom participated in the discussion. Dr. Benton is located at Chester, Hancock county, where he is to open a sanitarium for the treatment of alcohol, opium, cocaine and other habitues. This has been his special line of work in New York State for some years past.

After partaking of a generous lunch provided by President Linsz, to whose efforts the success of the meeting is largely due, the society adjourned.

Note.—A leading druggist informs The Journal that in the month that has passed since this meeting a larger proportion of official preparations has been dispensed in prescriptions than for years before.—Editor.

Harrison County.

The March meeting of this society met at St. Mary's hospital on the 5th at 8:30 p. m., and was called to order by President Howell, the minutes of the February meeting having been read, Drs. Ogden, Wyatt, Varner and Louchery reported cases which were freely discussed.

Dr. Wyatt read a paper on pneumonia, reporting several cases. Discussed by Drs. Varner, Sloan, Hood Mason, Howell and Louchery.

Dr. Louchery spoke on the diagnosis, prognosis and treatment of mastoiditis.

The application of Dr. Lyndon L. Smith was favorably recommended by the board of censors and Dr. Smith was elected a member.

Dr. J. W. Carder's application for membership was read and held for the action of the board of censors at the April meeting.

A question was asked by Dr. McKinney: Could a member from a neighboring county after joining the new society of his county still retain his membership in this society?

No precedent covering this point was found.

Dr. Morgan then made a motion to adopt the following resolution, which was amended by Dr. Hood to read as follows:

Resolved, That those members in neighboring counties who have recently joined new societies shall be made at their request honorary members of this society. This resolution passed.

A motion by Dr. Morgan that our next regular meeting be held in the afternoon at 1 p. m. instead of 8 p. m. was passed.

On motion adjourned. Present: Drs. Matheny, Sloan, Morgan, Goff, McKinney, Gaston, Ladwig, Wyatt, Oyster, Louchery, Ogden, Varner, Mason, Hood, Slater . Visitor, Dr. Rogers.

C. N. SLATER, Secretary.

Barbour-Randolph-Tucker Medical Society.

Meeting held in Elkins, January 4th, afternoon and evening.

Our newly-elected President, Dr. O. L. Perry, addressed us on the needs of the society. Advised that some plan be perfected whereby we could from time to time address the public on matters of mutual interest. Urged closer co-operation and renewed interest on the part of our members in society work.

Exhibition of Pathological Specimens by Dr. W W. Golden was first on the program. The exhibit proved very interesting. Societies would do well to have this a frequent, if not constant, feature of their meetings, it being instructive, and also stimulates the members

to collect interesting specimens. First, and most interesting to our members, was a large section of typhoid ileum. Death caused by endocarditis at end of fourth week. During third week several profuse hemorrhages. Ulcers varied in size and depth, some of them laying bare the serosa. In some thrombosed veins were discernible. Mesenteric glands much enlarged.

Second, ovarian cyst removed by operation; fluid contents five quarts. Gave rise to no symptoms whatever, but was discovered accidentally.

Third, a complete shaft of tibia removed from boy of six. The cause was osteo-myelitis, mistaken by attending physician for rheumatism for several months. Complete regeneration of bone has taken place.

Fourth, enlarged ovary, fibrous degeneration with uterine displacement. Incapacity to work. Complete recovery.

Fifth, uterine fibroid, submucous, of fundus. Patient's age 38, metrorrhagia. Tumor over five inches in diameter, removed through natural passages. It was necessary to incise cervix. Operation of great difficulty, and the doctor believes he would prefer to do an hysterectomy in a similar case. Complete recovery, normal menstruation.

Dr. C. B. Williams not being present his paper, "Ten Years' Experience in Obstetrics," was read by the Secretary. The paper was most interesting and some of his results out of the ordinary. I hope to see it published in the Journal.

Dr. Furlong opened discussion. Does not believe in indiscriminate use of forceps; might use them more if his patients were not of such a strong, healthy class. Dr. Irons uses iodine and Monsell's solution applied to lacerated parts. Believes it keeps down sepsis. Dr. Fredlock does not use forceps as much as formerly; this seems to be the experience of all who spoke on the subject. Dr. Fredlock believes there is considerable danger in using forceps without help of another physician. In answer to a question as to how much strength he might exert, said he had exerted all of his strength on one or two occasions. No bad results from same. Dr. Murphy thinks forceps are used too much; thinks same of anesthetics. Thinks use of anesthetics may provoke sepsis. Dr. Golden believes if less suturing was done there would be less sepsis; thinks under ordinary circumstances very few perinea should be sutured at time of rupture. Believes hemorrhage is to be expected in blondes more frequently than in brunettes. Dr. Perry related case of three shoulder presentations in same patient. Dr. Pringle spoke of two cases of very severe hemorrhage in same woman. Dr. Rodgers related four cases of placenta previa. No maternal mortality; three living children. Believes in haste in this condition. Does not believe in packing vagina. In a case that resulted fatally to child vagina had been packed. Lays stress upon manual delivery of placenta at once, as it will not come of itself. Perfect asepsis, if possible, must be secured.

Dr. Butt read a paper on fractures. Dr. Wilson related case of a woman who had but one bone in each forearm. Discovered after fracture.

Dr. Arbuckle presented an interesting case of eye injury, the result of an explosion of dynamite. Case of G. W. G. Condition at beginning of treatment: Right eye two-thirds of the lens opaque, balance absorbed. Left eye, central opacity, lens intact, iris pretty badly tied down. Was practically blind. Ordered a plus 12 lens for right eye, which gave him 20-40 vision. With same glass could read fairly well. In the left eye, after repeated instillations of atropine and two slight needling operations, a nice round pupil of fair size was secured. The anterior capsule was then split completely open, and it is hoped that it will absorb. The doctor's intention is to absorb the lens, and give him an eye and one-half, and order a cataract glass over that eye same as the other. So far he has been much encouraged.

The following resolutions were adopted:

Whereas, The profession of medicine is already very much overcrowded, there being a far greater number of physicians than there is demand for their services; and

Whereas, We believe there should be a natural desire on the part of men intending to study medicine, which it is unnecessary to stimulate by the arts of advertising; and

Whereas, We believe that the men who might be led to make the profession of medicine their life work by means of advertising are not likely to be a credit to the profession or to the public; and

Whereas, It has come to our knowledge that the College of Physicians and Surgeons of Baltimore, and the University College of Medicine of Richmond, are advertising in other than medical publications; therefore, be it

Resolved, That we, the members of the County Medical Society of Barbour, Randolph and Tucker Counties, W. Va., believe it to be to the best interests of the profession and the public to discourage further attendance upon the College of Physicians and Surgeons, the University College of Medicine and any and all others that may advertise in other than medical journals.

This resolution was introduced, seconded and advocated by alumni of the two colleges mentioned.

A committee was appointed by the President to get the sentiment of the members as to what steps to take in regard to the cut in insurance fees.

The committee of arrangements, under the able chairmanship of Dr. Fredlock, gave us a most elaborate banquet at the Hotel Randolph.

Drs. J. L. Miller, Thomas, W. Va.; W. S. Robertson, Coalton; R. E. Bryan, Nicklow; Harvey Miller, Elkins; C. A. Willis, Jenningstown; O. S. Gribble, Beverly, and A. D. McEachen, Meriden, were elected members.

A. P. BUTT, Secretary.

Albert, Jan. 18, 1907.

McDowell County Society.

North Fork, W. Va., Nov. 21, 1906.

At the regular meeting of the McDowell County Medical Society the following officers were elected for the ensuing year:

President, Dr. Harry B. Stone, Ashland; Vice President, Dr. W. E. Cook, Algoma; Secretary, Dr. H. G. Steele, Keystone; Treasurer, Dr. E. F. Peters, Switchback. Board of Censors: For three years, Dr. J. W. Preston, Keystone; for two years, Dr. P. H. Killey, Vivian; for one year, Dr. L. H. Clark, Kyle, the latter also to serve out the remainder of his unexpired term. Delegate to the annual meeting of the West Virginia State Medical Association, Dr. J. B. Kirk, Elkhorn, and Alternate, Dr. L. H. Clark, Kyle.

Respectfully,

H. G. STEELE, Secretary.

State News

TO COUNTY SECRETARIES.

1... Send your annual report with list of paid members and $2.00 for each, to Secretary T. W. Moore, Huntington, this month of March. Call on each delinquent personally before you do this.

2. Write plainly names and postoffices so that the Journal will miss no one.

3. If any good papers have been read in your society—and of this your officers are the best judges—get them on the annual program at once. Authors can aid us in preparing matter for the Journal if they will write on their manuscript the number of words it contains.

4. Increase your membership by immediate active effort. Our accomplishment in the way of important new legislation, proving the value of organization, and the fact that each members gets a Journal free of cost, should stimulate the growth of every society. Now is your last opportunity this year.

Ohio County.

Dr. J. R. Hersey, a recently elected member of Ohio County Medical Society, was joined in matrimony last month to Miss Dobler, of New York.

Dr. C. E. McPeek, late of Wheeling, has accepted a salaried assistantship in the New York State Asylum at Poughkeepsie, N. Y.

Dr. W. A. Cracraft, of Edgewood, Ohio county, has recently returned from a recreation trip to the West Indies. He was only a day or so late for the earthquake in Jamaica.

Tucker County.

Mrs. V. A., wife of Dr. Willis, of Jenningston, W. Va., has recently convalesced from an attack of pneumonia.

Mr. O. N. Hoffman, of Thomas, has spent some weeks in Kentucky recently purchasing blooded horses for his farm.

Cabell County.

Death of Drs. Burns and Crary.

It rarely happens that a county medical society in one month loses by death two of its members, but such has been the misfortune of the Cabell County Medical Society.

Dr. A. C. Burns, the subject of this sketch, was born in Middletown, Washington County, Pennsylvania, November 28, 1848. He taught school for a number of years in Pennsylvania and was very much interested in education, having served on the boards of education at various places. While engaged in teaching his mind was directed to the study of medicine. He attended the University of Michigan, where he graduated March 28, 1877, at the age of 29 years. Soon after his graduation Dr. Burns located at Getaway, Ohio, where he enjoyed a large and lucrative practice for a number of years, having the confidence of all who knew him; afterwards removing to Huntington, W. Va., where he spent the remainder of his life in the practice of his chosen profession.

Dr. Burns was an untiring student and busy practitioner, and did not care for nor seek social distinction, nor did he always appear to his co-laborers as congenial; but those who knew him best loved him most, knowing that his seeming inattention to the general and more aesthetic tastes was due to the mind's occupation in solving the deeper problems that so frequently engage our attention. He was a man of exceptional courage and boldness as a surgeon, very conscientious, always hewing to the line, regardless of where the chips might fall.

Dr. Burns was married to Miss Diana Templeton, December 24, 1878. He leaves a wife, two sons and two daughters to mourn his death, which came as a sudden summons on the 2d day of February, at his home in this city. To his family we extend our heartfelt sympathy in this their sad hour of bereavement.

DR. T. W. MOORE,
DR. J. E. RADER,
DR. C. M. HAWES,
Committee.

Archibald Crary, whose term as President of the Cabell County Medical Society expired on the day of his death, January 10, 1907, after an illness of two days, was born in Middleport, Ohio, September 20, 1846. His early education was received in the public schools, with two years at Kenyon College, Gambier, Ohio, being unable to finish his course at that institution owing to business reverses of his father. The doctor then taught school for two years, after which he engaged in the hardware business in his native town until 1875. In that year he was married to Miss Mary S. Whetstone, of Meigs County, Ohio.

His first year in medicine was taken in the College of Physicians and Surgeons of Baltimore, Md., graduating at the Starling Medical College, Columbus, Ohio, in 1883, and at once entering upon the practice of his profession

at Hartford, W. Va., where he remained until 1892, when he removed to Huntington. Although beginning the practice of medicine late in life, Dr. Crary loved his work and was very devoted to his profession; ever willing to respond to the calls of those in distress, regardless of their ability to pay, and was often imposed upon by the undeserving poor. He was ever charitable to his enemies, and to those whom he thought had misused him, as was frequently demonstrated in the Medical Society.

His loss is deeply felt by his fellow members of the local society, and we sincerely sympathize with the bereaved family. His widow with two children, a son, Dr. H. L. Crary, of Huntington, and a daughter, Miss Jessie, survive him.

DR. T. W. MOORE,
DR. J. E. RADER,
DR. C. M. HAWES,
Committee.

Little K. and Ohio Valley.

At a meeting of the Little Kanawha and Ohio Valley Medical Society, held January 5, the following officers were elected: President, Dr. Thomas A. Harris, Parkersburg; vice presidents, Drs. Robert L. Brown, Parkersburg; James B. Wilson, Pennsboro, and Wade H. Young, Ben's Run; secretary, Dr. O. Dustin Barker, Parkersburg; treasurer, Dr. C. W. Hudson, Parkersburg; and delegates to the state association, Drs. Lonzo O. Rose, Parkersburg, and James B. Wilson, Pennsboro.

Kanawha County.

Dr. G. B. Capito has lately returned from a trip abroad and has opened up his office in the Capitol City.

Dr. H. G. Foushee, of Lexington, Ky., has accepted a position as resident physician at the Sheltering Arms Hospital, Hansford, W. Va.

The Hancock County Society

had a meeting on the 6th inst., at which much new business was transacted and arrangements made to hold a jubilee session at New Cumberland, April 10th.

Medical Outlook

Acute Pulmonary Oedema.—David Riesman (American Jour. Med. Sciences, Jan. '07) describes an acute pulmonary oedema characterized clinically by sudden onset, intense dyspnoea, cyanosis, abundant whitish or cloud-tinged frothy expectoration, and profound prostration. The disease is associated with arteriosclerosis (especially aortitis and periaortitis), Bright's disease, heart disease, and angina pectoris; also with asthma, acute infectious diseases, and following paracentesis. These affections may be considered in the light of clinical causes.

The pathogenesis is obscure; the two theories worthy of the greatest consideration are the cardiac theory and the toxic vaso-motor theory. According to the former there is a disproportionate activity of the two ventricles, the right predominating, so that the right ventricle expels a little more blood than the left with the result that the pulmonary veins are prevented from emptying themselves completely and there is a consequent rise of pressure in the pulmonary circulation accompanied by transudation of fluid through the capillary walls. According to the latter theory the oedema is due to the action of toxic substances upon the pulmonary vasomotor mechanism. There is a leakage of serum through the capillary walls into the air vesicles and intervesicular tissues. In order that such leakage may take place there must be increased pressure within the capillaries or increased permeability of the walls, or both factors may coexist.

The striking features of the disease are the suddenness of the onset, which usually occurs at night, the alarming character of the symptoms, and the tendency to recurrence, the first attack rarely proving fatal. Over the lungs may be heard subcrepitant and bubbling mucous rales. The average duration of an attack is from three to six hours, though death may take place within a few minutes.

Acute pulmonary oedema must be distinguished from asthma, pulmonary embolism, acute cardiac dilatation, and uremic asthma. In asthma there is little expectoration and the rales are of a piping character. In pulmonary embolism the expectoration is developed later, is less abundant, and more definitely bloody. In acute cardiac dilatation the cyanosis and dyspnoea are less intense, and the dyspnoea is less mechanical. Uremic asthma is distinguished by the absence of profuse frothy expectoration and by lesser severity.

The treatment is by venesection, dry cupping over the chest, and the hypodermic administration of small doses of morphine in the presence of great nervous excitement. When the pulse is feeble, diffusible stimulants are indicated (whiskey, ammonia, and camphor). Since the attacks are likely to recur and are frequently nocturnal, some intelligent member of the household should be instructed in the method of applying cups. Prompt and energetic treatment is necessary to prevent a fatal issue. J. T. T.

Early Diagnosis of Severe Appendicitis.—In answer to the question whether we can recognize the severe cases of appendicitis which require immediate operation Krecke presents the following answer: In every case of appendicitis which we are called upon to treat we should differentiate between simple appendicitis and destructive appendicitis. The most positive manifestation of destructive appendicitis is painful abdominal rigidity. This demands immediate operation. When this sign is completely absent and no other manifestations are present which awaken anxiety one can assume that simple appendicitis is present. A pulse-rate increased to 100 or above is a sure indication of destructive appendicitis demanding operation. A low pulse-rate, however, does not necessarily indicate a mild form of appen-

dicitis. Temperature is of no material importance in determining the severity of the attack. The increased frequency of respiration and the presence of costal breathing are always unfavorable symptoms. The presence of one positively unfavorable manifestation is to be considered of more importance than is the occurrence of several favorable ones. A diagnosis of destructive appendicitis having been made, operation should be performed within two hours.—N. Y. State Med. Jour. from Munch. Med. Wochenschr.

(The following abstracts are kindly sent by Dr. G. D. Lind.)

The Non-Absorbable Ligature in Pelvic Surgery.—Hammond thinks that a ligature of absorbable material is coming more and more into general favor. The objection to non-absorbable material is subsequent infection of the surrounding parts either from the dormant bacteria which were in the ligature, or from the ligature cutting its way loose, shifting its position and the danger of bacteria affecting damaged tissues for which they seem to have a special affinity, these bacteria coming from the blood or intestines. He says: "The ideal ligature and suture should consist of material capable of keeping the tissues in contact, sufficiently strong to enable the tissues to proliferate and effect a living union of the parts, and after this has been accomplished this material ought to become eliminated without disturbance of the parts." He regards catgut at the present time as the ideal ligature. He cites three cases, in one of which the patient died from peritonitis, in which the trouble following operations was due to non-absorbable ligatures. Frank C. Hammond, M. D.—Annals of Gynecology and Pediatry, Dec., 1906.

Some Causes of Inefficiency in Medical Practice.—1. Lack of Equipment for Prompt Service.—"A clinical theremometer, a hypodermic syringe, a lead pencil, a pocket-case of instruments, and a few powerful medicinal tablets are as needful to him (the doctor) as the dry powder to the soldier."

2. Carelessness in Observation.—"Many mistakes in diagnosis and treatment are attributable to hurried and careless examination." It will not do to say the patient has asthma until the chest has been auscultated and the urine analyzed. More than once has he found a rising temperature after operation due to pneumonia rather than to sepsis in the wound, and on the other hand he has come near remaining in ignorance of sepsis because the nurse omitted one day's temperature readings from the chart.

3. Indefiniteness in Giving Orders.—Attendants should be given careful directions as to medicine, diet and hygiene. Carelessly written prescriptions may be the cause of death. An intestine may be ruptured by hydrostatic pressure by giving an enema from a high level. A child may be scalded from overheated bath and a baby left alone in a bath tub may fall on its face and drown.

4. Want of Self-Confidence and Tact.—Vacillating opinions, frequent change of medicine and ineffectual command of the situation from want of tact, should have no place in the sick-room.

5. Failure to Appreciate the Value of Common Remedies.—Clean air, clean water, clean food and sound sleep, cheap, but efficient remedies, are the most neglected. "I have saved drugs and given healthy slumber by simply ordering a patient to smoke his customary tobacco, which hospital rules had prohibited." * * * Bathing, shutting out noises by plugging the ears, using single beds, sleeping on porches, on roofs, or with head stuck out of window and similar expedients will often be sufficient to induce sleep."

6. Insufficient Doses of Medicine.—Believes in drugs when drugs are needed and in efficient doses. The physician must know what he is giving and how much and have courage to give enough. Chloral, potassium bromide, mercury, potass. iodide, codeine sulphate and hyoscine hydrobromate are frequently given in insufficient doses. Much of the vaunted value of nostrums comes from the careless and ignorant practitioner who unwittingly gives these medicines in larger doses in the form of the advertised remedy than they had been accustomed to in official preparations.—John B. Roberts, M.D., in St. Louis Medical Review.

Methods of Facilitating Normal Labor.—W. T. Marrs, M.D., of Jewett, Ill., in Merck's Archives gives some opinions on this important subject.

Forceps.—He does not believe that there are many "forceps cases," but every doctor should be familiar with the instruments and exercise due deliberation before deciding to use them. Hemorrhage and puerperal convulsions are about the only indications for speedy delivery. He thinks their value in traction is overestimated and often abused. He sums up the three main purposes of the forceps as follows: to compress child's head, to rotate the head into a wider diameter, and to act as a foreign body to stimulate contractions. One blade is usually efficient for the second and third purposes and very little harm may be done by this.

Ergot.—Mentioned only to be condemned.

Chloroform.—In great majority of cases is beneficent. Has never seen untoward results. "It should be used only to the extent of blunting the nerves and taking the raw edges off the woman's suffering." Occasionally it retards labor.

Quinine.—Quite effective in strengthening pains if given to the extent of cinchonism, but the headache and nervousness following are often quite unpleasant.

Whiskey.—Sometimes does good but leaves depression and headache.

Strychnine.—Acts too slowly to be of value ordinarily.

Pepper Tea.—Copious draughts do good work and give employment to the old ladies in attendance. No doubt, other hot drinks would be equally effective.

Sedatives.—Morphine relieves suffering to some extent and in a goodly number of cases accelerates labor. Chloral internally or per

rectum usually aids in relaxing a rigid os. Viburnum, bromides and hyoscyamus, when patient is nervous and os unyielding, may prove useful.

Hydrotherapy.—A hot foot bath or a sitz bath often good. Hot moist pads to vulva and perineum have quite a relaxing effect.

Emetics.—Where other methods fail to relax a rigid os, a capsule of powdered ipecac has been attended with excellent results. Impacted feces often prolong labor. A good enema will expedite matters.

The Role of the Mosquito in the Etiology of Fevers is the title of an interesting paper by J. C. Larkin, M.D., read before the Medical Section of Ohio State Medical Association, 1906. After reviewing the history of the subject, he says: "In the face of our present knowledge of malaria we can come to the following conclusions: It is necessary to have an individual suffering with the disease. It is equally necessary to have a mosquito of the genus anopheles, that has somewhere fed on a patient suffering with malaria to carry infection to another individual. That it is necessary for this infected mosquito to bite a subject within from eight to twenty-one days in order to produce infection. That we can expect to find cases of malaria in this state (Ohio) only from June to October, inclusive, and that it would be impossible to have a case when the daily temperature did not exceed 60 to 86 deg. F., as no development of the malarial parasite could occur. That cases of malaria could not occur in winter and spring for this reason." "In regard to yellow fever in Ohio, it is a possibility along the Ohio river towns, as specimens of stegomya fasciata have been collected at Louisville in October, 1903, and in Evansville, Ind., and Lexigton, Ky., during 1905. It would not be likely that we would have more than sporadic cases, however."—The Ohio State Medical Journal, November 15, 1906.

The Necessity for State Control of Public Water Supplies and Sewage Disposal.—Prof. W. T. Roberts, Sanitary Engineer State Board of Health, Pullman, Wash., proves by statistics that it would pay the state to assume control of public water supplies and sewage disposal. He says: "There are three strong reasons why duties of this sort should be entrusted to state boards of health:

1st. Because the questions involved are questions of sanitation and public health.

2d. Because it is a maxim of sound government never to create a new commission or office when the work can be done just as well by existing agencies.

3d. Because of the most excellent work of this kind done by the state boards of health of Massachusetts, Ohio and New York."—Northwest Medicine.

Pelvic Tuberculosis.—Charles thinks that tuberculosis of the female genitalia is not rare. The symptoms are frequently attributed to the menopause. "The 'charge of life'" he says, "like charity, covers a multitude of sins." Genital tuberculosis may be primary as well as secondary. Persons otherwise strong may have genital tuberculosis. Cites two cases, the first a married woman of 53 with no history of tuberculosis in family, was attended in confinement by a tuberculous physician. A constant stain of blood on napkin, uterus slightly enlarged, cervix lacerated and eroded. A surgeon made exploratory incision, finding uterus tubercular and a mass of adhesions. Death four months later with no history of pulmonary trouble.

The second case, widow of 56, mother of six children, five living. One son died of tuberculosis at age of 19. General health good. No enlargement of uterus, cervix eroded, bloody discharge. Pronounced cancerous by family physician and a specialist in surgery, who advised hysterectomy. This she refused, used laudanum, troubled with fecal impaction, removed by physician. Autopsy revealed small uterus, "broken down and caseous that not a cell could be found." The tubes, ovaries and lumbar lymphatics were caseous and "swarming with tubercular bacilli." The lungs were not examined, but at no time had she any lung symptoms.—Dr. Etta Charles, Central States Medical Monitor.

Local Anesthesia in its Present Development. By Barnhard Hahn, M. D., Tacoma, Wash.—Hahn calls attention to the dangers of general anesthesia and remarks on the almost absolute safety of local anesthesia. He has under local anesthesia pulled teeth, removed foreign bodies, excised carbuncles and atheromata, incised felons and phlegmons, abcesses of liver and appendix, tapped abdominal and thoracic cavities and knee joint, applied sharp spoon and thermo-cautery, cauterized and excised hemorrhoids and cut fistulas of the anus, stretching for this purpose the sphincter, has amputated fingers, toes, forearm, &c., performed radical operation for inguinal and umbilical hernias, and hydrocele; also performed laparotomies for establishment of artificial anus, for tubercular and septic peritonitis, but where extensive manipulation within peritoneal cavity becomes necessary would advise general anesthesia. Has extirpated all kinds of tumors, operated for harelip, done tracheotomy, opened antrum of Highmore, resected ribs and part of mammary gland, and taken out flaps for skin grafting.

Children as well as childish adults are not good subjects for local anesthesia. Should never use cocaine beyond one per cent. solution; adds normal salt solution and adrenalin. This delays the absorption and increases local effect and diminishes general toxemia.—Northwest Medicine.

The Physician's Struggle for Existence.—The Canadian Practitioner for October, 1906, citing the Medical Press, says: "There was a pathetic advertisement in the Times the other day, and we are glad to see that it is already receiving quotation in various journals. It ran:

"An EAST-END (London) MEDICAL MAN, B. A., Cantab., who has never had a day's holiday or a Sunday's rest since he has been in practice, and who has not sufficient capital to

purchase a more comfortable living, would like to change his profession. He has taken honors in Science, so judges himself capable of filling a Post as ANALYTICAL CHEMIST. Having good credentials and references, he hopes that manufacturing firms, etc., will give his advertisement their consideration.'

"Those who are in a position to judge know only too well that the East End (London) medical man is typical of a large class. A man may be well educated at a university, he may be competent in his profession, he may be diligent and industrious, and yet through want of capital and friends he may be reduced to drudgery such as the worker in the factory and the domestic servant have no idea of. If the man who has never had a day's holiday or a Sunday's rest were of the 'working classes,' he and his friends would be in a state of justifiable rebellion; but being an educated gentleman he has to grin and bear it. We cordially hope a firm of manufacturing chemists may be able to help our colleague."—St. Louis Med. Review.

An Eye Bath fashioned from a single piece of aluminum has been introduced by the Kress & Owen Company. It is cleanly, unbreakable and can be sterilized instantly by dropping into boiling water.

Directions.—Drop into the eye bath ten to thirty drops of Glyco-Thymoline, fill with warm water; holding the head forward, place the filled eye bath over the eye, then open and close the eye frequently in the solution.

Defense Against Quackery.—Dr. Osler says: "In the fight which we have to wage incessantly against ignorance and quackery among the masses and follies of all sorts among the classes, diagnosis, not drugging, is our chief weapon of offense. Lack of systematic personal training in the methods of the recognition of disease leads to the misapplication of remedies, to long courses of treatment when treatment is useless, and so directly to that lack of confidence in our methods which is apt to place us in the eyes of the public on a level with empirics and quacks." G. D. L.

Keeping Up With the Times.—Says A. Jacobi: "What is it that all these mistakes should teach us, both the old and the young? First, to learn from one another; that is what we accomplish in not living the lives of hermits, but in society. I never was in a meeting that did not teach me something. I always knew I could learn from the young, for it is the young men, who, through their industry and the teaching they enjoy of all that is modern, and the recent laboratory methods, are enabled to pay to us and to mankind the debts we left unpaid. When people point to an old man who kept abreast with the advancing time, be sure that he is one of those who never lost their contact with the hard-working and unpretending young. On the other hand, the young will soon learn that their inexperience, their inability to cope with all the special efforts which make the perfect doctor, will inspire them with the respect due to advancing years, when applied to the absorption of scientific facts and the service of mankind." G. D. L.

Value of Hypnotism, as Seen by Sir J. Gardner Wilkinson.—The following is from W.'s great work on "The Ancient Egyptian," published in 1854. It should interest the physician of today: "The readiness of man at all times to abolish on the one hand, and to covet the marvellous on the other, is abundantly proved by present and past experience. That the nervous system may be worked upon by it to such a degree that a state either of extreme irritability, or of sleep and coma, may be induced, in the latter case paralyzing the senses so as to become deadened to pain, is certain; and a highly sensitive temperament may exhibit phenomena beyond the reach of explanation. But it requires very little experience to know that we are wonderfully affected by far more ordinary causes; for the nerves may be acted upon to such an extent by having, as we term it, 'our teeth set on edge,' that the mere filing of a saw would suffice to drive anyone mad if unable to escape from its unceasing discord. What is this but an effect on the nerves? And what more could he desired to prove the power of any agency? And the world would owe a debt of gratitude to the professors of animal magnetism, if, instead of making it, as some do, a mere exhibition to display a power and astonish the beholders, they would continue the efforts already begun for discovering all the beneficial uses to which it is capable of being applied. We might then rejoice, that as astrology led to the more useful knowledge of astronomy, this influence enabled us to comprehend our nervous system, on which so many conditions of health depend, with which we are so imperfectly acquainted." G. D. L.

Reviews

"Woman": A Treatise on the Normal and Pathological Emotion of Feminine Love.—By Bernard S. Talmey, M. D. Practitioners' Publishing Company, 62 West 126th Street, New York City. $3.00.

This is a small octavo in flexible leather, and the only small work we have seen touching the topics here discussed, namely: "The Pathology of the Female Sexual Functions from the Psychical Point of View." The writer of this notice once attempted to read Krafft-Ebing's "Psychopathia Sexualis," but before it was finished gave up in disgust—not with the book, but with the vileness of human nature therein set forth. Some of that vileness is here pictured, but in a style as free from objection as the nature of the subjects treated will permit.

The book shows great research and most careful consideration and gives a large amount of information not to be found in ordinary text books. Since every physician should know something of the abnormalities occasionally met with in women (and men, too) touching the sexual function, we think everything needful can be found in this small work. It is written for physicians only, and the perusal of it will doubtless shed new light upon one or more cases with which every reader is no doubt familiar.—J.

Biennial Report of State Board of Health.—The Secretary reports that "during the past two years there have been fewer outbreaks of contagious and infectious diseases than at any time" since 1881, when the Board was established. Complaint is made of the "dumping of sewage" from the State institutions into the streams of the State, a condition of things which demands remedy. If the State itself thus violates the laws of hygiene, how can private persons be expected to do otherwise?

A State sanitarium for the care of the consumptive poor is urged; also certain amendments to the law, some of which have since been made.

The Report contains a list of the County Health Boards, the transactions of the various meetings of the State Board, the questions given at the different examinations held, and other matters of more or less interest. The questions indicate that the Board is endeavoring to protect the public from ignorant physicians. We would like to regularly publish in The Journal the Board's examination questions, and have endeavored to get them, but have thus far failed except via Chicago from the Jour. A. M. A., which doesn't seem to us the most direct way. We are pleased to note that every member of the Board is in the State Medical Association—no, not quite. "One is out on the hills away" in the cold, where he should not be.—J.

Seventeenth Annual Report of Sheltering Arms Hospital.—Dr. J. E. Cannaday, Supt.

Over 500 patients have been cared for in this excellent institution during the year covered by the report. 257 of these were miners, 160 women, and a daily average of 38 in the hospital. Many major surgical operations were performed, and the results reported are excellent. The hospital is in safe hands and should be well supported.

Books Received.

Sixth Annual Report N. Y. State Hospital for Crippled and Deformed Children.—Newton D. Shaffer, M. D., Supt. and Surgeon in Chief.

Text Book of Psychiatry.—A Psychological Study of Insanity for Practitioners and Students.—By Dr. E. Mendel, Berlin. F. A. Davis Co., 1914 Cherry St., Philadelphia. $2.00.

Miscellany

Pennsylvania Wins Vaccination Fight.—Judge W. Rush Gillan, of Chambersburg, in the mandamus proceedings brought by Attorney General Carson against the school officials of the Waynesboro grammar school, sustains the vaccination law, excluding from the schools those who are unable to present proper certificates of successful vaccination. In his opinion he reviewed the laws concerning vaccination, and directs that this section of the health law shall be enforced by the directors and not by the teachers, taking the position that the directors, being elected by the people, are the responsible officials, and not the teachers, who are elected by the directors.

One Type of Ophthalmic Charlatan.—The Itinerant "Professor" or "Scientific Optician," heralded by handbills, and stopping for a few days at ——— Hotel, "examines eyes free," and sells a pair of miraculous spectacles costing a few cents, for as many dollars as the gullibility of the trustful will permit. He "grinds his own lenses"; he talks grandiloquently; if this pair does not do all he swears it will do, he guarantees satisfaction gratis at his next regular visit. He has ophthalmometers, gives the name and address of his city headquarters, etc. There are many grades and variants in this class, ranging from the agent of obscure or well-known optical houses in the cities to the spectacle and eye glass venders who sell "crystal" and magical lenses of miraculous powers.—Dr. Gould in Cleveland Med. Journal.

Typhoid Fever Prevention.—The following placard is recommended by the Minnesota State Board of Health for publication in communities during the early stages of an investigation:

To the Citizens of ———:

Typhoid fever is epidemic in ———. The State Board of Health is investigating this epidemic to find its exact source. Meantime govern yourselves as follows:

1. Typhoid fever is contracted solely by the mouth. If you do not put the poison of typhoid fever in your mouth you will never contract typhoid fever. Hence, watch the mouth.
2. Therefore, do not eat or drink anything (water, milk, oysters, fresh vegetables, or anything else) unless it has been first boiled, broiled, baked, roasted, fried or otherwise thoroughly heated through and through.
3. Do without all food or drink which has not first been thus heated. (Canned or bottled foods, other than milk and water, are not included in this.)
4. If living in the same house with a typhoid fever patient, do not handle your own food, or food intended for anyone else, even if it has been heated, except with hands that have been thoroughly washed with soap and very hot water. (Preferably also with antiseptics—ask your physician about the antiseptic to use.) Wash before every meal in this way and before cooking, serving or eating anything, or putting the fingers in the mouth.
5. If there are flies, roaches, etc., about, see that all food and drink are protected from them at all times. Flies and other insects often carry typhoid poison to foods and drinks.
6. The poison of typhoid fever does not show itself for two weeks after it enters the body; therefore, for the next two weeks, typhoid cases may develop from typhoid poison already taken in, but any case which develops on and after (a date two weeks later than the date of the placard) will be due solely to neglect of this notice and failure to carry out minutely the directions here given.

Case of Infant Menstruation.—The first child of healthy, young white parents was born at their country home in Wythe county, July 14th, 1905.

On the 18th of the same month, I was called to see the child, and found uudoubted menstruation. Its breasts were enlarged, congested and tender, and a milky fluid oozed from the nipples.

The menstrual flow continued for three days, at the end of that time the congestion left the breasts, but they have remained unusually developed.

The flow has reappeared each month, with no perceptible effect upon the child; she appeariug perfectly normal and healthy in all other respects.

I find two kindred cases mentioned in Vol. I of Medical and Surgical Gynecology (Pozzi) as follows: "Campbell has recorded an excessive development of the generative organs in a child of four years, who had regularly menstruated every three weeks since birth." Prochownick had the opportunity of performing an autopsy upon a little girl of three years, who had begun to menstruate at one year, and found upon the ovaries all the signs of both old and recent ovulation.—W. H. Ribble, Jr., M. D., Wytheville, Va., Va. Med. Semi-Monthly.

In an old receipt book dated 1670 is found the following prescription: "Take a hair from the dog that bit you, dry it, put it into the wound, and it will heal it, be it never so sore."—G. D. L.

How to Get Legislation.—We all know (or ought to know if we are old enough to be practicing medicine) that legislation is not accomplished in the effulgent sunlight of a noisy publicity; not on the hustings of a demagogic campaign meeting; nor even (where one might suppose) upon the oratorical forum of the House of Representatives. It is conceived, laid, and hatched, in political by-ways and hedges; around the corner, on the dead quiet; with soft words and apt reasoning—of one kind or another.

We must appeal to the personnel of the legislature. We must talk to our law-makers in person, quietly, sensibly, and withal forcibly with reason. We may remind the legislator that we are striving to protect the people, himself included, from the appalling, if insidious, dangers of quackery and fakery; impress upon him that it is not primarily for our good, but for his own and his family's protection that we ask this legislation. Professional aggrandizement plays no part in this appeal. We may point out to him that, as the state officially recognizes and licenses the profession of the state, surely he must agree that the associated members of this profession are best fitted to outline the necessary legislation for the preservation of the public health.—S. C. Med. Jour.

Lack of interest in society work means lack of interest in professional advancement and individual improvement, and that means a poorer class of doctors than the patient is entitled to; and sooner or later the community will find it out. In union, peace, harmony and industry, are advancement, public health protection and public welfare; in apathy, antagonism and indifference, there is no professional progress, no guarding of the public against what we, as educated meu, know to be frauds. —Cal. Jour. of Med.

The Country Doctor.—He leads a more rounded life than his city brother. He is less apt to be addicted too much to any one thing. He has his wholesome diversions. Some of these diversions his city brother, by taste and education, or want of education, would not undertake; but they will lengthen his days. Let the man who puts out his owu horse ana trims his hedge after the day's work is done not envy him who drops into the great upholstered chair at the club around the corner and fills the circumambient air with rings of fragrant smoke at the close of the day. The city has always been the destroyer of men and of families. Urbs edax rerum. No city would long endure were it not replenished with brawn and brains from the fields and mountains.

Still, the country practitioner would profit much by certaiu relaxations which he too rarely takes. He needs the inspiration of the contact with his fellows. He needs the meetings of his county and state and national societies more thau his city brother does. He needs to exchange ideas with men of larger experience and wider observations than he. He needs to have his faith in certain things corroborated and his doubts in others confirmed. The pleasure in his work can be much increased by finding the ideas which he has gained from one case agreeing with the experiences in a hundred others. What has been in his mind as an unsettled theory becomes a solid working fact through the results of other's observations; and he goes back to his work with new inspirations and a firmer hold upon the esentials of his art.—N. Y. State Jour. of Med.

There are physicians in every community who live out their lives without doing one single ching for the benefit of their profession. They never attend a medical meeting, local, state or national, never write a paper giving others the benefit of their experience, never contribute a dollar for the undertakings of their brethren, but simply sit idly by, merely doctors for revenue only. It is such men to whom Justice Brewer recently referred so scathingly. They never seek to augment and increase the power of their profession for good; they remind us of the great horned owls whose mission it is to look wise and hoot at the efforts of their superiors. Let us endeavor to show them the error of their way and bring them into the great active, progressive body of medical men bent upon the improvement of themselves and their fellow-men. Let each of us constitute himself a committee to further with all his might the passage of the medical bills which are to come before our legislature, the labeling of the containers of all medicines offered for public consumption with their exact contents, the conviction of all advertisers of obscene literature and the punishment of those nameless quacks, male and female, who, masquerading in the garb of physicians, drag our art in the mire of degradation.—Dr. W. G. Moore In Jour. of Mo. State Med. Asso.

The West Virginia Medical Journal

Published Bi-monthly
by
The W. Va. State Medical Association

Under the Direction
of the
Committee on Publication.

COMMITTEE ON PUBLICATION:
S. L. JEPSON, M.D., Chairman, Wheeling.
L. D. WILSON, M.D., Wheeling. J. L. DICKEY, M.D., Wheeling.
Entered as second-class matter August 10, 1906, at the Post Office at Wheeling, W. Va.

Vol. I—No. 6. WHEELING, W. VA., JUNE, 1907. Subscription Price $1.00 per Year. Single Copies 20 Cents

Original Articles.

CHEMISTRY IN THE SERVICE OF MEDICINE.

Alex. R. Whitehill, Ph. D., Morgantown, W. Va. Professor of Chemistry in University of West Va.

(Read by invitation before Monongalia Co. Med. Soc., Feb. 9, 1907.)

I am very glad to have this opportunity to read a paper before this Medical Society. I have chosen for the subject "Chemistry in the Service of Medicine," and while the subject is a very large and comprehensive one, and a very old one, my paper will not be a long one, but I shall confine myself to the more important facts and shall deal mainly with the present relations of the sciences I have mentioned.

Many centuries ago, in the time of Aristotle, who lived in the fourth century before Christ, there was no systematic knowledge in either chemistry or medicine, but even then the two sciences were closely related. The art of preparing such medicines as were then in use was confined largely to the priesthood, and the priests themselves were the physicians of their period. At that time scientific investigations were concerned mostly in the discovery of the Philosopher's Stone, and scientific ideas and methods were very crude and incomplete. It was thought that this substance would change the baser metals into gold, and would confer untold blessings upon its possessor. Failing to find it, the pioneers of this period then instituted a search for the Elixir of Life, a substance which they thought would cure all the ills which man was heir to and would prolong life through many centuries. But neither the Philosopher's Stone nor the Elixir of Life was ever discovered, although the search for them continued for about fifteen centuries.

These centuries of crude and unsatisfactory investigations, however, were not entirely lost to chemistry and medicine, for many laboratory processes, such as filtration, crystallization, sublimation and distillation were discovered. Nitric, hydrochloric, sulphuric and other acids and some of their salts came into use, and many drugs and compounds were introduced into the practice of medicine.

It is interesting, so far as the facts may be gained, to read the history of science during these early periods. The crucible seemed to have been the important piece of apparatus in every laboratory, and the origin of the word gives us a clue to the manner in which experiments were conducted. The word is derived from the Latin word *crux,* which means a cross, for the experimenter frequently made the sign of a cross when engaged in his work, for he never knew just what was going to happen when substances were brought together in the heated vessel.

About the year 1500, Paracelsus, sometimes called the Father of Medicine, was born, and when he was old enough to

understand the trend that scientific thought had taken, he enunciated the doctrine, "that the object of chemistry was not to make gold, but to prepare medicines." Under the stimulating influence of his example all kinds of mineral and vegetable substances were examined, and many useful medicines were discovered. Finally modern theories and apparatus replaced the crude hypotheses and faulty appliances of these early investigators, and superior results began to be obtained in the investigation of medical and chemical problems.

Coming now to a more modern discussion of my subject, chemistry has been especially active in the service of medicine along many lines, some of the more important of which may be named in order:

1. In the preparation of medicines either directly from the mineral and vegetable and animal substances which contain them, or by building them up synthetically in the laboratory, and by the dissemination of information concerning the source, manner of preparation, properties and uses of these preparations.

A glance at the eighth edition of the United States Pharmacopoea, 1905, will show how largely chemistry enters into the source, preparation and distribution of medicinal preparations. In this work are described 1,297 articles, of which 958 are articles in the text, 155 test and volumetric solutions, 149 volumetric assays and 35 gravimetric assays. An alphabetical list of the chemical elements and compounds described in the work, with their atomic and molecular weights and formulas, extends over thirteen pages, with about 50 names on each page. This work, as is well known, is a joint production of physicians, pharmacists and chemists, and is the standard in the drug store and in the physician's office, and is recognized as the standard by the various pharmaceutical and medical and chemical societies and associations in the country.

From the earliest history of the race the appearance of a disease stimulated the search for a remedy, and while some of these remedies have been wide of the mark, and have often aggravated the trouble instead of curing it, yet the connection between the disease and remedy has always been fully recognized. Substances of unknown composition, both in the inorganic and organic world, have been sought out, scrutinized and analyzed, and searching inquiries into the properties of almost every form of matter have been undertaken. It has been the work of the chemist largely to pursue these investigations and prepare these remedies, and it has been the work of the physician to test their efficiency in the practice of medicine.

In later years, chemistry has perhaps done greater service to medicine in building up synthetic compounds in the laboratory rather than in searching for additional compounds in nature. Although it is now about eighty years since the first organic product was synthesised in the laboratory, yet it is within twenty years that synthetic remedies have come into use in medicine. Some of these preparations have perhaps been worthless, but others have been found to be of great value and many of them are extensively prescribed by physicians. Synthetic chemistry is to-day one of the most important and most advanced departments of chemical study. Books have been published which present the subject of organic radicals in a systematic manner, and many synthetic compounds are worked out by rules as certain and fixed as those of the calculus. There are thousands of compounds described in complete works on organic chemistry and scores of these have been built up without any reference to animal or vegetable matter. The subjects of oxidation, reduction, substitution, interchange of radicals, fixation of groups, condensation and others have been closely and intelligently studied, and searching investigation and the highest type of thought have been brought to bear upon the various problems. Any one who keeps in touch with current medical and chemical literature will constantly meet with the names of new substances which have been recently added to the list of synthetic products, and a work on organic chemistry that is five years old is nearly as antiquated as a suit of clothes which has been worn for the same period.

In volume I of a book recently published by Raphael Meldola on "The

Chemical Synthesis of Vital Products," no fewer than 181 synthetical products are described, and only those are recognized which are compounds of definite chemical composition and which are known to be produced by the vital activities of plants and animals. Among these are hydrocarbons, alcohols, aldehydes, ketones, carbohydrates, glucosides, and sulphur, cyanogen and other compounds. Common alcohol, for example, is synthesised from carbon and hydrogen through acetylene, and it is the same alcohol that is produced in the fermentation of sugar. But, while the end product in the two cases is entirely the same, it is not to be inferred that the processes leading up to the result are parallel. Laboratory processes and physiological processes are not yet fully explained, yet the formation of similar compounds is of the highest significance. In the investigation of problems along the line of physiological chemistry, it is the business of the chemist to isolate, identify and synthesise vital products in the laboratory, but it is the business of the physiologist to study out the evolution of these same compounds in the plant or animal. That physiology is destined to develop in the future more and more along chemical lines, no one who has made the subject a study will seriously question.

It may be sometime, when our eyes see better and when our thoughts are clearer, when our knowledge of chemistry and physiology and biology and physics has been vastly extended, that what is now known as the vital force will be more fully explained, and that most of the changes in the animal body will be imitated in the laboratory. I merely touch upon the borderland of a profoundly interesting subject. It is a subject which concerns every department of medical science. It cannot be denied that the more the physician knows of the chemical and physiological changes which are taking place in the body, the better equipped he is to combat any abnormal changes, and the more successful he will be in the practice of his profession.

2. My second point in the discussion of my subject is, that chemistry has been of great service to medicine in fixing standards of purity for medicinal preparations and in the maintenance of these standards by the detection of adulterations. The necessity for legalized standards to define the character, establish the purity and regulate the strength of medicines is everywhere acknowledged.

Both the nature and purity of the ingredients of a prescription must be considered when the prescription is written, and standards of strength in medicinal preparations and the detection of adulterations are largely the work of chemical analysis. The Congress of the United States and the legislatures of many of the states have given us various laws on the subject of drugs, their standards of purity and their adulterations, and the object of these laws is to protect both physicians and the public from unscrupulous dealers. Whether drugs are or are not what they are sold for, lies largely within the province of chemical analysis to determine, and the beneficial results of such determinations are recognized in every department of medicine.

3. In the department of toxicology chemistry is again closely related to medicine. In the working out of schemes for the detection of poisons, in the study of the nature of poisons and the effect they produce in the body, and in the study of their antidotes the value of chemical investigations cannot be questioned. Physicians, as a rule, have not the time, nor, had they the inclination, have they the outfits of chemicals and apparatus usually required for toxicological investigations. This work is usually referred to the chemist, and no attempt to identify a poison in a criminal case should ever be made by an inexperienced analyst. In all such cases, however, the knowledge gained by the attending physician from the symptoms, and in case of death from the postmortem examination, is not secondary in importance to the results of the analysis; and before a conclusion is reached the testimony of both chemist and physician should be carefully considered.

The action of antidotes in the neutralization of poisons may be explained in three ways:

1. The antidote chemically reacts with the poison, and forms a compound or compounds which are not poisonous.

2. The poison is completely decomposed by the antidote.

3. The antidote forms with the poison an insoluble compound and thus prevents its absorption by the organs of the body.

The different reactions involved in such cases have been closely studied in the laboratory and the reactions are about the same whether they take place in a test tube or in the human body. A course in toxicology is usually found in the curriculum of a medical school, for a knowledge of the nature of the various poisons and their antidotes is required of the successful physician.

Closely related to this subject is that of incompatibility in a prescription, a subject of fundamental importance to a physician. Just as there is usually a chemical reaction between the poison and the antidote, by means of which the nature of both is changed, so incompatible drugs prescribed together may react and destroy their efficiency. There may be physical incompatibilities in a prescription and there may also be physiological incompatibilities, but in many cases they are purely chemical, and in the explanation of these great service to medicine has been rendered.

It may be interesting here to note that biology is also concerning itself somewhat with toxicology, and in the future some of our well-known chemical tests may be partially or entirely superseded. One example will illustrate the point in question.

For many years, as is well known, the standard method for detecting arsenic has been the Marsh method. It has always been so simple, so delicate, so easy and so certain. Simply pour the solution suspected to contain arsenic into a flask in which pure hydrogen is being generated, then dry the gas and pass it through a hard glass tube under which a flame is burning, then allow it to burn as it emerges into the air. If now the flame is bluish white in color, if a brown metallic deposit is found on a piece of porcelain when held in the flame, if a brown mirror is found in the hard glass tube, then arsenic is always present. This is the standard test for the detection of arsenic, and every chemical and medical student knows how to manipulate it. A biological test has been worked out for the detection of arsenic, and it is claimed that it is as delicate and satisfactory as the Marsh test. Certain moulds when grown upon media containing even traces of arsenic will produce volatile compounds of the element with the odor of garlic. The nascent hydrogen in the Marsh test is an inorganic reagent for arsenic, but the mould in the biological test is a living reagent for the same element. Impregnate a few crumbs of bread in a flask with the liquid supposed to contain arsenic, then sterilize the materials, then inoculate the sterilized material with the mould, draw a tight rubber cap over the cotton plug in the mouth of the flask, and simply let the apparatus stand. In a day or two there will be a luxuriant growth of mould; then open the flask, and if arsenic was in the suspected liquid the odor of garlic will be unmistakingly present. It has been said of this method, "Its application is very general, and the method of procedure is simple. The culture of the mould can be kept a long time, even a year or more, without being revived." The test is very delicate and the odor is easily recognized. The generation of the odor in the case of cultures containing 1-10,000 grain of arsenic can be easily recognized for a week or even longer.

4. Chemistry has again been very active in the service of medicine in formulating schemes for the analyses of the fluids and tissues of the body, and in making analyses along the lines indicated. The importance of this work as an aid to diagnosis is acknowledged by every phsician. In many cases now the physician does the work in his own office, and satisfactory results are obtained under his own supervision. Wherever done, however, it is an application of chemical methods to medicine, and the manner of treating a case is often determined by such investigations.

5. The food problem is one that is intimately associated with both chemistry and medicine. In the matter of increasing the food supply of the world; in producing better and a greater variety of foods; in preventing the sale of impure foods and beverages in the open market, and in the dissemination of information

concerning the nutritive properties of foods, chemistry has been especially active along all the lines I have mentioned. This is a large topic, but one of great interest. In the matter of increasing the food supply of the world chemistry has perhaps been of greater service to agriculture than to medicine, but in the production of better and a greater variety of foods the latter science has been largely benefited. Every physician knows that diet is an important factor in the treatment of disease, and it frequently happens that the foods which are eaten are scrutinized as closely as the medicines which are administered. In addition to the work being done by chemistry there is scarcely a science that is not more or less interested in food investigations. It is simply incredible the amount of work that is being done at present along the line of such investigations. There is not a civilized country in the world that is not taking part in this work. In this country, the Agricultural Department at Washington, the fifty or more experiment stations located in different sections, the agricultural colleges, boards of health, societies and individuals, all have made proper recognition of the subject, and are actively engaged in the solution of the various problems.

Experiments are being made in the laboratory with different individuals and with different foods. Experiments are being made on individuals, families and clubs under different conditions of age, sex, health, occupation and environment. From the data which are obtained standards are established, and the metabolism of food in the human body is studied. All such investigations are of value to the physician, not only from the personal standpoint, but from the importance of the food question in the practice of medicine.

Time will not permit me to discuss all the points involved in this problem. I shall say just a few words about the increased varieties of foods which in recent years have come into use. Breakfast cereals serve as an excellent illustration of the point in question. Thirty years ago oatmeal was about the only breakfast cereal in the market, and it was usually a musty substance sold in the drugstores and prescribed for invalids and children. Now we have preparations from wheat, oats, corn, rye, barley and rice, most of them nutritious and appetizing and generally free from adulterations. We have plain oatmeal, grape-nuts, shredded wheat biscuit, cream of wheat, force and so on almost ad infinitum. Some of these are simply the crushed raw cereals, some are partially cooked, some are malted preparations, and the variety is great enough to suit any individual. As a rule, cereal preparations, as shown by chemical analysis, contain absolutely no nutritive qualities other than the grains from which they are prepared, and the silly and grossly exaggerated methods of advertising many of these preparations are very much to be deplored. They are excellent foods, just as the cereals they are made from are excellent foods, but in no sense are they a combination of both food and medicine. If one were to take seriously the silly advertisements of some of these cereal preparations, it would seem by the use of them he might become as big as Goliath and as strong as Samson, and might possibly live for centuries. But as a matter of fact these cereal preparations are simply common everyday foods, and people who eat them go nearly as quickly to the cemeteries as those who live upon less extravagant preparations.

For example, on the package of one of these cereals which has a large sale, the following appears: "It is entirely safe to say that if a person should eat only food which contains nitrates, carbonates and phosphates, the large proportion of all aches and pains would soon disappear." It is hardly necessary to state in the presence of physicians that nitrates, carbonates and phosphates are not generally regarded as food materials. Gunpowder is more than three-fourths a nitrate, a commercial fertilizer is largely a phosphate and limestone is a carbonate, and it is quite true if a person dined upon gunpowder, comercial fertilizer and limestone life would soon cease and, of course, all aches and pains would disappear.

In addition to investigations along the lines I have mentioned, chemical methods have been utilized in the preparation of some special foods for invalids, and some of these foods, I believe, have been used

with excellent results. Then, too, the analyses of foods and food products have given to the world information in regard to the nutritive properties of these materials, and foods are used more intelligently and savingly in consequence of such information. Finally in the detection of adulterations and in the prevention of the sale of impure substances in the open market, in making pure food laws effective, and thus contributing so largely to the public health, the good results of chemical methods cannot be questioned.

6. It simply remains to discuss very briefly a few of the principles of physical and physiological chemistry in their relations to medical science. Physical chemistry deals with the relations between the physical properties of substances and their chemical composition, and the methods of investigation in this important science are being applied largely to research work in the study of problems relating to changes in the human body. Such subjects as heat, kinetics, dynamics, catalysis, osmotic pressure, electrolytic dissociation and others are being applied to questions in physiology and pharmacology, and they are proving of great value in clearing up some of the problems which confront the physician. It is claimed by some that the laws of physical chemistry are sufficient to explain all biological and pathological phenomena, but this statement is altogether too comprehensive. The problem briefly stated is, "All living matter is made up of crystalloidal and colloidal substances, and there exists no life process that is not accompanied by changes in these crystalline and jelly-like substances. And the same laws of physical chemistry which govern the crystalloids and colloids in the laboratory, reappear in the numerous properties of living matter. In other words, living processes are being more and more duplicated in the laboratory, and from this extension of knowledge still greater advances in medicine may be expected.

For many years investigations in physiological chemistry have had an important bearing upon the practice of medicine. Fermentation is, at the bottom, a chemical process. Formerly the term was applied to all chemical changes in which a gas is evolved, but it is now restricted to those changes produced by bacteria, or by substances derived from animal and vegetable sources. These are the organized ferments; but there are also unorganized ferments or enzymes such as diastase and pepsin, which are secreted in the living cells, and which may be extracted from the cells in which they have been secreted. When so extracted they have the power of exciting the same specific fermentation as the cells themselves. These enzymes may be regarded as the connection between living and dead matter. They have some of the characteristics of each class. They bring about certain transformations, but they themselves are not affected. The study of fermentation by Pasteur, who was a chemist, and others has resulted in the preparation of antitoxins and the various serums which are so largely exploited in modern medicine. The problems of vaccination, toxins and antitoxins, immunity from disease infection primarily belong to physiological chemistry. They involve a knowledge of the human body, its structure and its changes, both in disease and in health.

The body from a chemical standpoint may be regarded as made up of a mixture of three large classes of chemical substances, proteids, carbohydrates and fats, with smaller quantities of a few other materials. These materials themselves are made up of a very few chemical elements, carbon, oxygen, hydrogen and nitrogen, with a dash of phosphorus and sulphur. Differences in various organic compounds are simply differences in molecular architecture, the same elements are found in them all. Combine a few of these atoms one way and you have a nutritious food or a living tissue, change their arrangement and you may have a deadly poison.

"Vital processes," says Carl Snyder, "whether digestion, absorption, growth or reproduction, are simply and solely a complex series of chemical changes, proceeding in a regularly ordered way." But if the chemistry of the living cell is still obscure and full of difficulties, it is conceded that tremendous advances in chemical and medical science will follow the explanation of these cell reactions. The physiological function of a substance must depend upon its chemical nature,

and the wiser we are, chemically speaking, in regard to the tissues and secretions of the body, the better equipped we are to understand their physiological activities.

It is evident that the medical and physiological research of the future will be more and more along chemical lines. The latest idea of life is that it is a series of fermentations. For every vital function it is claimed there is a specific ferment, and the whole drift of present day physiological chemistry is to explain life on the basis of the fermentations which are taking place in the body. The subject is yet somewhat obscure, and while cell methods are being imitated in the laboratory, the chasm between dead and living matter is apparently as wide as ever. Chemistry has produced organic substances by the hundreds, but an organized body, one with an anatomical and cellular structure, will never be produced artificially.

Medical science is second to no other in its dignity, its usefulness and its importance. It should be the aim of every other science to recognize this dignity, this usefulness and this importance, and if in the few facts that I have stated it appears that chemistry has done so, then my object in writing this paper has been accomplished.

THE TECHNIQUE OF APPENDECTOMY.

John Egerton Cannaday, M. D.,
Hansford, W. Va.

(Read before the Kanawha Medical Society, Feb. 5, 1907.)

It is not my purpose to take up the details of technique *in extenso* but to bring out a few salient features that I deem of the utmost importance.

A soap poultice is applied to the abdomen several hours before the time set for operation. This remains for one or two hours. The part is shaved, then carefully cleansed with liquid antiseptic soap, warm water and a gauze sponge. This is followed by 70% alcohol. A dry sterile dressing is applied and remains until the anesthetic has been begun. The part is again scrubbed in the same manner as before, and a one-half of 1 per cent iodine solution applied after the alcohol and allowed to evaporate on the skin. The manipulations necessary in examining and cleansing the abdomen are conducted in a gentle manner, to prevent the possible breaking down of some fragile adhesion and the turning loose of infection.

A vertical two-inch incision is made through the skin and immediate subcutaneous tissues, the muscles are separated in the line of their fibers, making the "gridiron incision." The parietal peritoneum is separated for a short distance from the overlying muscles on either side, rendering its suture more easy. The short "gridiron incision" impairs the integrity of the abdomen but slightly, there is little danger of subsequent hernia and the period of confinement to bed is shortened. After the completion of the incision one or two fingers are inserted and the appendix with the cecum drawn out. The cecum is held by the assistant, the appendix is clamped in the jaws of a hemostat applied as near to the base as possible and a second hemostat is applied just above the first and gradually worked upward, forcing the contents of the appendix before it until it is about one-quarter of an inch above the first. The blood vessels of the meso-appendix are tied off with catgut, and the appendix severed as near to the edge of the first hemostat as possible. The scissors, second hemostat and appendix are laid on a specimen tray. The stump of the appendix is lightly touched with a weak solution of iodine on a cotton-tipped applicator or a thermocautery is used for the same purpose. A purse string suture of ten-day catgut threaded in a round needle is placed about the base of the appendix, this suture being carried over and not under the handle of the hemostat to facilitate inversion, the needle is carried deep enough to include all the coats of the bowel. At the base of the side of the meso-appendix there is sometimes a small artery that might bleed after inversion. This is secured by passing the purse string under it. The operator loosens the hold of the hemostat on the appendicular stump, and reapplies it so that about one-eighth inch of the stump distal to the handle of the forceps is left free. The assistant elevates the handle and depresses the point so that the stump is inverted into the lumen of the bowel at the same time the operator makes traction on the two ends of

the purse string, see-sawing then slightly if necessary. The sharp-pointed forceps are gently and slowly removed, and the inversion is complete. The puckered line of removal is now buried by a superficial continuous suture of small catgut which is extended so as to bury the stump of the meso-appendix. This particular method of invagination precludes all posibility of escape of fecal matter and is simple. I have tried various appendix tuckers but the forceps method works better. The bowel is dropped, and the peritoneum closed by fine catgut. The fascial edges are brought together by No. 2 catgut of the twenty-day chromicized variety. The skin edges are coapted by a subcuticular suture of plain catgut. The wound is held together in its fatty and muscular plans by atmospheric pressure. The number of stitch-hole abscesses and the amount of wound infection will be far less when this method of suturing is followed than when skin perforating sutures are used. I apply the above stated methods to cases that have not progressed to the stage of abscess formation. When pus is actually present in small quantities, it is removed by dry sponging; the appendix is removed with the minimum disturbance of adhesions; a small cigarette drain made of a shred of gauze and a little gutta percha tissue is inserted, and the wound closed around it by the layer sutures before described. This drain is removed in about twenty-four hours and a smaller one inserted. If the abscess cavity is large, I drain rather freely and remove the appendix at a secondary operation. If after the abdomen has been opened the abscess is found to be post-cecal, I thoroughly protect the remainder of the adbominal cavity with gauze towels, and drain the pus cavity extra peritoneally through a small incision in the side. If the abscess walls are not continuous with the anterior or lateral abdominal walls and cannot be well drained post-peritoneally, I make a rather generous abdominal incision, wall off surrounding territory with coffer-dams of gauze, remove pus and other debris by dry-sponging and drain freely with gauze and rubber tube drainage

When extensive peritonitis has complicated the case, I incise the abdominal wall and loosely lay in a small drain. No more, no less. All that is necessary can easily be done in from two to five minutes. Exploration, irrigation or removal of the appendix would be murderous in such a case. The bacteria and their toxines are sealed in the abdominal cavity under considerable tension in such cases, making the absorption rate high. This is shown by the force with which foul purulent fluid escapes when the parietal peritoneum is incised. If we let out this poison sufficiently early the chances are that the patient will recover. Recently I have saved the lives of several such patients where formerly I would have killed them by doing too much. Just here I will state that I am not a believer in the doctrine of waiting for a favorable period to operate. The surgeon who waits will no doubt have better statistics, but what about the poor devil who has to wait until all hopes of recovery are passed, whose favorable period never comes. There is such a thing as a moral cowardice in the surgical proession as well as elsewhere. I would much rather give a human being an opportunity for his life even in a desperate case, than zealously nurse a paltry column of statistics.

As regards the after treatment, I let the patient lie on his side or back as is most conducive to comfort. During the period of shock, if such should exist, reliance is placed on artificial warmth, quiet, normal saline solution either by rectum, subcutaneously or intravenously; or all three of these methods may be brought into service if the exigencies of the case demand it. Strychnine, nitroglycerine or alcoholics are never used by me in the treatment of shock. If there is persistent vomiting the stomach is irrigated, and nothing whatever is given by the mouth. In case tympany is expected or is present, eserine salicylate is given in 1-100 gr. doses every three hours. It is a powerful promoter of peristalsis. Simple non-suppurative short incision cases are allowed, even encouraged to sit up, or get up and walk about the room the day after operation, the convalescence being made more satisfactory thereby. The dangers of stasis or thrombosis are fewer, the number and extent of adhesions is lessened—most important of all the patient is not weakened by an enforced sojourn in bed.

(By permission of the author, the above paper was submitted to several Wheeling surgeons, whose views are submitted, with Dr. Cannaday's concluding comments.—Editor.)

Dr. Robert J. Reed—The author is to be complimented upon his clear,, concise description of the technique now very generally adopted in

appendiceal surgery. His suggestions are so in accord with the present concensus of opinion among surgeons, that little opportunity is afforded for argument or criticism.

In the operative steps involved I shall refer to three points:

First with respect to the closure of the peritoneum. An expeditious and satisfactory method is by a purse string suture. Having "separated the peritoneum for a short distance from the over-lying muscles on either side," as the author suggests, its edges are seized by four to six narrow pointed clamp forceps, placed one-half inch apart, and these are held well up into the wound by an assistant. Using a curved needle, armed with fine cat gut, the operator takes from the assistant one forcep, and passes the suture through the peritoneum on its inner surface at the point of the forcep; removing it he takes another from the assistant, introducing the suture in the same fashion and so proceeds until the ligature encircles the peritoneal rent. When it is tied the incised peritoneal edges are everted, and within is left a perfectly smooth surface, which prevents the possibility of a post-operative adhesion.

Second, in closing the abdominal wound, special attention to the fascial layer is important, as has been indicated. In my opinion, another method is preferable to the one by the "buried cat-gut." After the through and through silk worm gut sutures are placed, the fascial edges are brought into and held in perfect apposition by another silk worm gut suture, introduced after the manner of the familiar subcuticular suture, its ends brought through the skin one-half inch beyond the ends of the wound, and when drawn taut may be so held by two shot. In fact without the shot it will hold the fascial edges firmly apposed, after the supporting through-and-through sutures are tied. This suture is removed at the time the others are taken, or if it does not come away with ease, it may be permitted to remain to the twelfth or fourteenth day, when it is easily withdrawn. The advantage of this method over the buried cat-gut suture is, that a foreign substance is not left within the wound to tax its absorbing powers, and the sterility of the silk worm gut can be more certainly assured.

This method of closing all abdominal wounds has been practiced in our City Hospital for ten years, and not one resulting hernia has been reported in the hundreds of cases in which it has been used.

Third; the author makes the statement that "when extensive peritonitis has complicated the case I incise the abdominal wall and loosely lay in a small drain, no more, no less." A little more may be done, in my judgment, in the interest of better drainage. Where the incision is to be made is not mentioned. It should be low in the median line, or if the usual incision has been already made in the region of the appendix, in the hope of its removal, before the extensive peritonitis has been disclosed, a second incision should be made in the median position. A curved glass drainage tube, holding loosely a strip of gauze, should be placed in the cul-de-sac of Douglas. If the patient is a female, drainage is best established through the vagina reaching the cul-de-sac by that route. That all pus may gravitate into the pelvis and from that center be drained away, it is absolutely necessary that the patient be kept in a sitting posture of not less than sixty degrees.

Exception may be taken, in my opinion, to the advice given in the closing sentence of the paper—that the patient in simple cases may be encouraged to be "about the room the day after operation, the convalescence being made more satisfactory." It is well to avoid extremes in surgical teaching and practice. Probably a majority of simple cases of appendectomy may do well in following the counsel given. A few may fare badly, and in the event of complications arising, which will surely happen in a certain proportion of cases, the cause will naturally be attributed to the unseemly and questionable haste of the patient in changing a position of rest into one of effort. Very reasonably the surgeon and his art will be placed upon the defensive, a situation altogether unnecessary, for the reason that in "simple" cases particularly, convalescence is entirely satisfactory by the more conservative management of a week or ten days in bed.

Another better reason is found in the fact, that rest which encourages the healing process in all wounds, will likewise aid in the repair of the operative lesions of intestine and abdominal wall. Exertion and the upright position will excite muscular contraction and intestinal peristalsis, conditions which are better avoided for a longer time than one day.

Dr. Frank Le Moyne Hupp—In the interval cases, where there are few if any adhesions to limit the manipulation, it does not become necessary to introduce the fingers into the peritoneal cavity in the search for the caecum and appendix. The ascending colon or caecum presents itself immediately on dividing the peritoneum, and with the aid of the anatomical forceps the viscus can be carefully raised and drawn in the direction of the offending appendix, exposing this organ without difficulty.

There is a great deal of diversity of opinion regarding the treatment of the stump in appendicectomy. The method suggested by the essayist has been criticised by several well known writers, notably Seelig, in a most interesting article which appeared in the Annals of Surgery, Vol. XL. The various methods of inversion are discussed, and the author endeavors to show that they are all open not only to objection, but are dangerous. Other writers share the views of Seelig, and within the last two months two cases of fatal internal bleeding have been reported where the appendix stump had been inverted into the lumen of the caecum.

This point is of such imperative importance, and the practice of stump inversion so universally practiced, that I may be pardoned if I explain anatomically my reason for having abandoned this step in the technique of appendicectomy in our work at the City Hospital in Wheeling, never inverting the stump without a thorough cauterization and the application of a ligature, thus avoiding subsequent infection and hemorrhage.

Fowler, Deaver, Nothnagel, and other anatomists summarize the blood supply in words like these:

"An anastomosis takes place between the superior mesenteric, ileocolic, right and middle colic arteries, by means of arches from which secondary loops are given off. From one of these secondary loops an appendicular artery arises, in connection with a branch which supplies the caecal region. The appendicular branch, the essential nutrient artery of the appendix, passes along the free edge of the mesenterium, giving off branches to the appendix on the way. In case the mesentery is absent, the artery passes beneath the peritoneal coat. In exceptional cases the vessel may pass directly to the tip of the organ, and then be reflected into the submucosa."

In two hundred cadavers examined by Ferguson, of Toronto, the mesenteriolum was found absent in fifty per cent, while Monks and Blake in six hundred autopsies found an absence of the mesenteriolum in sixteen per cent of the cases.

Those who are in favor of inverting the appendix stump would do well to adopt the technique suggested by Davison and in use at the Cook County Hospital, of Chicago, and described so graphically in the February number of "Surgery, Gynecology and Obstetrics." The purse string begins at one side of the cut mesentery and passes underneath it, thus constricting a small artery. The purse-string passes through all the layers of the caecum, so that when tied over the inverted cut edge, it constricts all divided intramural blood-vessels and prevents reactionary hemorrhage into the lumen of the bowel.

Seelig advocates the simple ligation of the stump distal to the ligature, with cauterization of the stump. Robert T. Morris and Howard Lilienthal write that they would gladly dispense with burial of the stump. W. J. Mayo, in the St. Louis Medical Review of December 10th, 1904, writes that he would approve of the ligation method on theoretical grounds if it would prove trustworthy, but his own practice has been to crush without ligation, and turn in with the purse-string suture.

Very few American operators will agree with Dr. Cannaday when he emphasizes the idea set forth by Dr. H. J. Boldt in permitting his appendectomy patients to be out of bed in twenty-four hours. Even if Dr. Boldt has reported one thousand cases of abdominal section, allowing them out of bed at the end of twenty-four to forty-eight hours, without any unfavorable results, cases of sudden death from heart failure or embolus have arisen from this very rash step. It seems to me that should such a catastrophe overtake the surgeon practicing this method of after treatment, fraught with danger as it is, he would find it difficult to safely defend himself should there be a fatal issue and a subsequent medico-legal controversy.

Dr. J. Schwinn—Dr. Cannaday is to be congratulated on his very clear description of the technique which is in keeping with the most advanced teaching of the day.

In operating during the interval, it should always be our aim to do as little damage to the tissues of the abdominal wall as possible, as we may thus insure a speedy healing and the best possible safeguard against hernia. The incision should be as short as possible, and certainly always so in the beginning, as it is an easy matter to enlarge it at any stage of the operation. It is often possible to do the whole operation through an opening simply large enough to pass the index finger—alongside of which a blunt anatomical forceps can be guided toward the cecum and the gut pulled to the surface. If the part pulled out should prove to be omentum or small intestine, it is dropped and another attempt made. Such an incision can be successfully closed with almost any of the methods now in use.

Where it is necessary to make a larger incision, as, for instance, when the appendix is adherent all the way out to the tip, or where it is found in such a position that it cannot be brought to light through a small incision, it is of the utmost importance to use a method of closing the wound which insures the most rapid and perfect healing of the different layers of the tissues involved in the incision. I usually pass a sufficient number of silk-worm-gut sutures through all the layers—peritoneum, muscle, fascia and skin—and leave these untied until I have inserted a running suture of the same material through the edges of the fascia from one angle of the incision to the other, bringing the free ends of the suture out through the skin in the upper and lower angle respectively. When this suture is drawn taut, the fascia is approximated accurately, and by tying the through-and-through sutures the closure is completed. This fascia stitch was devised and described many years ago by my friend Dr. Reed, and is in general use at the City Hospital in Wheeling. After ten or fifteen days it is removed, together with the other sutures, so that nothing is left to interfere with a clean process of healing.

The treatment of the stump is mostly done in the manner described by Dr. Cannaday in his paper; but where the stump appears too stiff to be invaginated, I have simply tied it off and cauterized with the Paquelin or carbolic acid.

Now as to having a patient sit up shortly after an operation of this kind, I am of the opinion that it is not advisable. We know that one of the most important requisites for the healing process of any wound is the absolute rest of the parts involved, and of the whole body also in a great many cases. It is true that a very small wound of this kind often heals under almost any circumstances, but we also know that often the slightest disturbance in the neighborhood of a wound marks the beginning of failure. The agglutination of the wound margins, the formation of new vessels, the equalization between lymph and blood circulation in the neighborhood of a wound are certainly safeguarded in the best possible way by perfect rest of the parts involved.

I very heartily indorse the treatment of widespread peritonitis—generally called "general peritonitis"—advocated in Dr. Cannaday's paper, viz., doing what is absolutely necessary, avoiding everything that could only add to the

danger in the case. As Deaver says: "Get in quickly, get out quickly."

Dr. Ackermann—Briefly my technique is this: After a careful examination of the heart, lungs and urine, the abdomen is prepared in the following manuer. The pubic region is shaved and the abdomen carefully washed and rubbed with tincture of green soap. The rubbing is done with a sterile gauze sponge and not with a brush. In my opinion the brush inflicts too much trauma on the normal skin cells. After the abdomen has been well rinsed with sterile water, several layers of gauze are saturated with Harrington's solution and bandaged to the abdomen, to remain there until the time of operation, which is always done in the morning if conditions permit. At the time of operation the field is sponged with ether and a piece of gauze saturated with alcohol is permitted to remain over the site of the incision for from three to five minutes. This treatment of the skin recognizes that we cannot destroy the staphylococcus albus which has its normal habitat in the skin, and no attempt, either chemical or mechanical, is made to lessen or attenuate any of the properties of this germ. In all interval operations or those done during the first forty-eight hours, or where there is reason to suspect only slight pathological changes, I employ the McBurney incision. This incision is also used when the disease is complicated with an abscess. When there is reason to suspect adnexal disease of the female organs in conjunction with the disease of the appendix, the rectus or Deaver incision is employed. I have also occasionally resorted to the transverse incision of Davis of Philadelphia.

When the peritoneal cavity has been opened the appendix is found by the index finger, and the sense of touch is relied upon entirely. After the organ has been found and delivered, a clamp is applied to the meso-appendix at right angles to the appendix and not parallel with it. The point of the clamp is placed in the angle formed by the cecum and the appendix. A catgut ligature is applied in the groove formed by the clamp. The appendix is next clamped a quarter of au inch from the cecum, and a catgut ligature thrown around it in the groove made by the forceps. By means of a gauze sponge any contents of the appendix are pressed somewhat from this ligature towards the distal end, and the offending organ severed; the stump is touched with carbolic acid followed by alcohol, and, according to the nature of the case, is inverted or left free. The incision is now closed by uniting successively corresponding layers. A subcuticular suture closes the skin incision. Nothing but catgut is used throughout the operation. No patient is allowed out of bed before the fifth day; and not then unless all pain and soreness have subsided. A recumbency of four or five days does not prolong convalescence and is in entire accord with Hilton's well-known views in his famous work on Rest and Pain.

Dr. Cannaday—With regard to the suggestion of Dr. Reed that the removable suture of silkworm gut is better for the fascia, I believe it may be just as good as the catgut but never better. If one uses high-class catgut sealed in glass tubes, subjected to fractional sterilization at high temperatures and finally boiled in its tube immediately before using, and if rubber gloves are always worn when handling it, this suture material will always be found safe. When I used catgut put up in paper envelopes I always had wound infection. Properly prepared catgut is easily absorbed by healthy tissues unless especially prepared to resist absorption, and it is not irritating.

I have never seen a case of post-operative hernia after buried catgut had been used unless the wound had been extensively drained. I have for some time felt that the dangers of hernia after any sort of half-way decent layer suturing had been done were few and far between, practically nil.

The incision for the drainage of an extensive and fulminating peritonitis should naturally be located wherever it will give the best drainage for the infected part; therefore no hard-and-fast rule for its location should be laid down. In perhaps the majority of these cases the infection has not reached the small pelvis. The use of the glass drainage tube is not infrequently followed by fecal fistula owing to the pressure of a hard unyielding surface against the bowel wall. Any foreign body coming in contact with the intestines will be walled off in approximately six hours. A drain is a mechanical insult to the peritoneum, as Morris would express it. Cul-de-sac drainage is certainly to be commended when pus has invaded the small pelvis. It has been shown experimentally on the cadaver and clinically that gravity drainage of the abdominal cavity proceeds far better when the patient is lying on the side than when in the Fowler position; the latter is exaggerated, uncomfortable, unnatural and unnecessary.

True, a complication following an innovation may subject the originator of the novelty to criticism, but the public is not as slow in learning what is reasonable and sensible as might be supposed.

As regards the healing of the wound, Bier and a host of others have shown that healing takes place in accordance with the activity of the circulation of the blood. We will admit that the circulation is far more active when the body is up and about than when at rest in the horizontal position. An injured muscle undergoing repair is splinted by nature and does not contract. A surgeon can see instances of this each day, if he is looking for them. The inflamed bowel does not undergo peristalsis; nature is ever taking care of her own.

Dr. Hupp suggests that forceps be used at times instead of the fingers for holding and withdrawing the cecum. Naturally it is impossible to gauge or regulate the pressure of forceps as one can the fingers. When the patient has been protected by the operator wearing gloves I fail to see the rhyme or reason for traumatizing the easily injured intestine by the use of mechanical devices.

The symposium published in the Annals of Surgery some time ago criticized the methods of inversion then in vogue. I have for some time followed the method pursued at the Cook County hospital in the clinic of Dr. Davison.

This removes the only valid objection to inversion. I claim priority for the method described of using artery forceps in the process of inversion of the appendiceal stump. While a larger percentage of surgeons are inverting the stump their statistics are no better than those who ligate the stump. Inversion appeals to me from a theoretical standpoint. It looks more scientific and gives a more esthetic result; the chances for infection and adhesions should be lessened by its use.

In my paper I did not defend the position of Dr. Boldt. I consider him an extremist. He has virtually all his cases get up early. I fear we have not entirely recovered from some of the superstitions and myths of medicine and surgery. It is about as reasonable to let an operative case who has an inch and a half gridiron incision in his abdomen, get up as it is to let the patient who has a cut of the arm, face or head, have the liberty of the neighborhood. Even the bitterest opponents of Dr. Boldt at the last meeting of the Southern Surgical and Gynecological Association admitted that there was much truth in his teachings. We have all been moving in the right direction. Fifteen years ago a laparotomy patient must lie on his back through days and nights of weariness; he must remaiu in bed for three weeks; that looks like extreme nonsense to us now, but it is only by comparison. We will continue to become more liberal and more natural. When I operate on the upper abdomen I let the patient up early. When I operate for the radical cure of hernia I keep the patient in bed for some time. That seems logical to me. When we allow our patients a few liberties that are not inconsistent with well-being some of that morbid fear of hospitals and operations will disappear. Death from an embolus has followed operations of the most trivial character of the head, neck and upper extremities, yet I dare say Dr. Hupp does not confine that class of cases to bed for purposes of prophylaxis.

I would like to emphasize what Dr. Schwinn says about the importance of injuring the tissues of the abdominal wall as little as possible in order to promote healing. The matter of absolute rest is not necessary to healing. We know that ununited fractures of the legs can sometimes only be healed by ambulatory treatment.

THE PHYSICAL EFFECTS OF ALCOHOL IN SO-CALLED MEDICINAL DOSES.

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All along the line of the special study of alcohol by the leading scientists of the day are being sounded notes of warning relative to the action of alcohol in so-called medicinal doses, especially when frequently repeated and more or less continued. Just what amount of alcohol may be considered a medicinal dose has never been satisfactorily determined so far as the medical profession is concerned. Some insurance companies, however, have adopted the limit suggested by an English physician, Dr. Anstie, who, in 1864, declared one and one-half ounces of alcohol to be the largest amount that could be taken without ill effects in twenty-four hours, and this limit is to-day used as a dividing line between moderation and excess by many of the leading insurance companies of the country. More recently, Dr. J. J. Able, of Johns Hopkins University, set another standard, and says that "there is a moderate or permissive quantity of alcohol I conclude from experiments already cited, from the opinions of medical authorities in many fields, from the writings of economists, explorers and military authorities, and lastly from my own observation during a long period of residence in European countries, and this moderate quantity I believe to be represented by one, or at most two glasses of wine, ten per cent. alcohol, or one pint of beer, or their equivalents in terms of alcohol, in twenty-four hours." It is thus seen that Dr. Able's limit is about one-half that of Dr. Anstie's, or not to exceed one ounce of alcohol in twenty-four hours.

Mr. S. P. Beebe, Ph.D., who presented a very interesting and scientific paper to the New York Academy of Medicine last March on the alcohol question, says "that in view of the influence of alcoholic beverages, physical, economical and moral, upon society, it is of vast importance that the truth in regard to their physical effects be known and taught." His paper was chiefly concerned with the so-called moderate use of alcohol, and states that the maximum quantity of alcohol which might be classified as a moderate quantity had been steadily decreasing during the last fifty years, and at present an amount corresponding to about six ounces of whiskey (two or three ounces of alcohol) was considered to be near the upper limit of a moderate drinker. Thus we have three standards from three different sources by men of unquestioned ability, who have studied the effects of alcohol on the structures of the body from an unbiased standpoint, these standards having a range only from one to three ounces of alcohol to be consumed within twenty-four hours, and the larger amount admitted to

be near the UPPER LIMIT of a moderate drinker.

Professors Krapelin and Kurz, of Heidelburg, have shown that the effects of so small a quantity of alcohol as one ounce diminishes the acuteness of all the special senses;—sight, hearing, touch, taste and smell, and also retards the mental processes of reason, judgment or sense of propriety, and of memory. And, also, that if a single dose of eighty grams (two and four-fifths ounces of alcohol) be given, the effect does not pass off quickly or perfectly, but leaves behind an after effect which lasts more than twenty-four hours, while if this dose is repeated within twenty-four hours a gradual increase of effect is produced.

The human body is capable of eliminating alcohol pretty completely if taken in small quantities at a time, properly diluted, and adequate time be allowed to elapse between consecutive doses; but the tendency to add a second dose to the first as soon as the feeling of so-called stimulation begins to wane is paramount in individuals who believe in the use of alcoholic liquors.

All will assert that pernicious effects of alcohol result from excesses, whether or not they admit of pernicious results from its use within so-called rational limits. All must recognize the personal equation in the matter of amount in different individuals; therefore, the medicinal dose for one might be a toxic dose for another. Especially is this so in reference to the frequency of repetition. Every sane person has probably the ability to decide what a medicinal dose of alcohol may be for himself, especially after a little experimenting, but drinkers many times seem to lack the ability to determine as to the limit of safety for repetition. This also applies to all other narcotic drugs; anything short of a lethal dose is not so pernicious as the too frequently repeated medicinal dose. Therefore, there must be less importance attached to the permissible quantity of a single medicinal dose of alcohol or any other drug than there is to the time allowed to elapse between doses.

All of the scientific study of the effects of alcohol on the physical being is the result of observations and experiments conducted under favorable conditions, and by administering medicinal doses of alcohol at varied intervals, a careful account of the results being taken. The unscientific study from which we hear so many quotations as to the effects of alcohol on the human system, consists only of the casual observance of moderate drinkers, who, after some years indulgence, present outwardly little or no signs of physical degeneration; while if a close account of all the physical conditions of the tissues and organs were taken, many defects or degenerations might be detected.

All of the scientists who are now giving special attention to the study of the alcohol question are arriving at much the same conclusions as the result of their investigations. There is still some dispute touching minor points, between those who would favor the use of alcohol and those who would forego its use altogether, especially in reference to its possible food value, its possible expenditure or saving of the proteids, its effect on the circulation in both normal conditions and in fever, etc. But all agree that very much harm may result from its use. As to the food value of alcohol, both sides are ably argued and evidence cited to show that it has and also that it has not food value. Some believe that it may be an aliment, but all assert that it is not a good aliment. It has been compared, and fitly I think, to the furniture and fixtures of a ship, that they are fuel, and this they certainly may be, but no captain would be considered sane who used such articles as fuel, excepting under the most pressing extremity.

That there are many other drugs which would much more advantageously take the place of alcohol where it is usually prescribed is the conclusion I have formed from my personal experience, and also that much of the promiscuous prescribing of alcohol, both by the medical profession and otherwise, is the result of habit or routine rather than an expression of good clear judgment.

The knowledge of the effects of any drug on the physical tissues and organs of the human body is the first requisite essential to rational prescribing; and alcohol is a drug, the knowledge of the action of which has had very little close study by the majority of practitioners. Its use is the outgrowth of custom and routine rather than knowledge or discretion. Therefore, it is evident to me that the true knowledge of the action of alcohol by physicians generally will restrict its promiscuous use to a very large extent.

Now, in relation to the action of alcohol on the tissues and organs of the body, I wish to refer you to some conclusions of the leading students who are engaged in the study of the alcohol question. I have already referred to some of the results ascertained by Professors Krapelin and Kurz, of Heidelberg, and I only need add that these two eminent gentlemen, alienists of the highest repute, are most thoroughly equipped for the study of the action of drugs on the human or animal economy by virtue of their extensive study and experience of both normal and pathological physiology, and the possession of many delicate and intricate instruments of precision, most of which have been invented by them, which are used to determine the effects of alcohol and other narcotic drugs on the brain and other tissues of the body.

Also Dr. J. Barr, of Liverpool, England, in a very meritorious paper published in the British Medical Journal for July, 1905, under the title of "Alcohol as a Therapeutical Agent," summarizes the result of his study as follows: "The effects of repeated medicinal doses of alcohol on the circulation is to produce dilatation of all of the arteries well supplied with muscular fibers, owing to its paretic effect on the vaso-motor nervous system, and its direct action as a protoplasmatic poison on the muscular fiber. It has a singular though less marked action on the cardiac muscle. From these causes the systolic blood pressure is lowered. The systolic output from the heart is diminished; the large bounding pulse with short systolic period is due to large waves in the dilated vessels. The venous pressure and the diastolic pressure within the heart are also temporarily increased. A long continued use of the drug leads to fatty degeneration of the cardiac muscle and chronic mesoarteritis with the permanent loss of the elasticity of the arteries. Alcohol lessens phagocytosis, diminishes the resistance to acute and specific diseases, and interferes with the action of immunity. Its toxic effects are too marked to have much value as a food. Almost the only use for alcohol in pneumonia is as a soporific given in the form of a light beer or stout; chiefly useful in alcoholic subjects. Alcohol must be given in pneumonia complicated with delirium tremens. Typhoid fever is the other disease in which alcohol is largely prescribed, but there is scarcely any indication for its use, while the protracted nature of the disease gives the medicament more time to work mischief. Alcohol has a predisposing effect to all forms of tuberculosis disease; it lessens the resistance of the patient to the toxic effects of the bacilli, weakens the cardiac muscles and impairs assimilation and nutrition; it also leads to bronchial and laryngeal catarrh and hastens the demise of the patient."

Personally, Dr. Barr does not know of any specific fever in which alcohol can do any good. Because of the affinity of alcohol for the nervous system, its use should be interdicted in all chronic nervous diseases; in neuralgia and spasmodic migraine, on the contrary, a little alcohol may do good.

Pierce Gould, M.D., M.S., F.R.C.S., surgeon to the Middlesex Hospital, London, after a careful clinical study of the effects of alcohol in surgery, and comparing the conclusions with the reported results of the experiments of Dr. Abbot (published in the *Journal of Experimental Medicine,* New York, 1896, which exactly corresponds with Dr. Gould's clinical experience), says: "For many years I have dispensed almost entirely with alcohol as an aid in surgical treatment. As a student I saw it used almost as a matter of routine for every kind of surgical maladies excepting head injuries, and in my early years I naturally followed the practice of my teachers; but as I made trial for myself of the effects of withholding alcohol I found how entirely everrated its value was, and how gravely mistaken had been the teachings. It was commonly held, I believe, that alcoholic stimulants were of special value in all forms of septic inflammation, such as erysipelas, pyemia, septicemia and hectic fever. I believe that this belief is founded solely on tradition unsupported by any trustworthy evidence and untested by experiment or experience. Where alcohol is always given, its value cannot be estimated; a right judgment can only be arrived at by the comparison of cases in which it is given with those in which it has been withheld. Having made this experiment, I have no doubt whatever that, not only are there no cases which require alcohol so little as the septic cases, but there are few in which its influence is so wholly harmful. It has seemed to me that its effect is to dry the mouth, fur the tongue, cloud the intellect, lessen the ability to take, digest and assimilate food, and do nothing

to lessen tissue waste, to increase the elimination of poisons, or to maintain the strength of the heart, or to arrest disease."

Dr. Aschfenburg, one of Prof. Krapelin's pupils, reports the result of an experiment conducted in his physiological laboratory, which furnishes some proofs of the influence of alcohol on practical work involving mental processes, by administering one and one-quarter ounces of alcohol in the form of Greek wine to each of four type-setters. The subjects were all accustomed to the use of beer but were required to abstain during the experimental period, and every detail was arranged so that the test was scientifically accurate and simultaneously adapted to the every-day life of the men, with the one exception of enforced abstinence. On the second and fourth days each man was given the one and one-quarter ounce of alcohol fifteen minutes before the regular working test began. The results showed that there were no more errors than usual, but the amount of work done with alcohol was 15 per cent. less than that done without it. Here we have a scientific demonstration of the effect of an allowable medicinal dose of alcohol a little less than Dr. Anstie's limit, administered but once in twenty-four hours, in reducing the output of labor involving mental processes to the extent of 15 per cent.

Prof. Crittenden, of Yale College, in discussing the food problem of alcohol, writes as follows: "It is true that alcohol in moderate quantities may serve as a food, i. e., it can be oxidized with the liberation of heat and work. It may to some extent take the place of fat and carbo-hydrates, but it is not a perfect substitute for them, and for this reason, alcohol has a pharmacological action that cannot be ignored. It reduces liver oxidation. It, therefore, presents a dangerous side wholly wanting in carbohydrates and fat. The latter are simply burned up to carbonic acid and water or are transformed to glycogen and fat, but alcohol, though more easily oxidized, is at all times liable to obstruct, in a measure at least, the oxidative processes of the liver and probably of other tissues also, therethrowing into the circulation bodies such as have acids which are inimical to health; a fact which at once tends to draw a distinct line of demarcation between alcohol and the two non-nitrogenous foods, fat and carbo-hydrates. Another matter must be emphasized, and it is that the form in which alcohol is taken is of importance. Port wine, for instance, has more influence on the amount of uric acid secreted than an equivalent amount of alcohol has in some other form. To conclude, as an adjunct to the ordinary daily diet of the healthy man alcohol cannot be considered as playing the part of a true non-nitrogenous food."

Everyone is thoroughly convinced of the disastrous effects of alcohol in excessive quantities on both the stomach and digestion, but this we have been taught is due to the excessive use only, and that a little alcohol is good for the stomach and aids digestion. This dogma has been prevalent for centuries, and while there has been seemingly an almost futile effort on the part of the few hundred physicians and scientists who have realized not only the fallacy but the danger of such teaching, to impress the profession and the laity with the necessity of the recognition of the truth and the teaching of it, and who have, I am sorry to say, been rewarded for the hard and conscientious labor by being dubbed with the title of "cranks" and "fanatics," I am also sorry to note that the laity was first to be convinced of the truth about alcohol and its dangers, rather than the medical profession.

Therefore, just a few words relative to the action of alcohol upon digestion. Dr. J. Kellogg, of Battle Creek, Mich., in a very extended paper read before the American Medical Temperance Association at Atlantic City, during the sessions of the A. M. A. in June, 1904, reviews the subject and quotes the opinion of numerous authorities from both observation and experiments conducted in the stomachs of human beings, the stomachs of dogs, and in the test tube with the gastric secretions of human stomachs and from dogs, which ultimately furnished corresponding evidence of the facts which I will quote:—"While alcohol is capable of increasing the amount of the flow of the acid gastric juice, it limits its proteolytic properties. As is well known, the secretion of pepsin depends upon the stimulation of the peptic glands by certain elements contained in the food stuffs. Alcohol does not possess the power to stimulate these glands, but is capable of reducing or destroying their proteolytic properties. Experiments show that an ounce of water will

increase the flow of gastric juice without any reduction of the proteolytic properties to just the same proportion as will the same quantity of alcohol, consequently it is sane to conclude that the water in the alcohol is that which increases the flow of gastric juice and that the alcohol destroys its activity. And again, Hann proves that the effect of alcohol to increase acid secretion is not permanent, but that the temporary increase in acidity is followed after a few doses have been administered by a decrease both in the amount of secretion and also in the acidity.

Dr. Kellogg reports the average result in from thirty to fifty stomach fluids obtained from patients to determine the degree of proteolytic activity, both with and without alcohol, employing the method of Mett, filling small glass tubes with egg albumen which had been hardened by dipping the tubes in hot water, then submerging in the gastric fluid twelve hours in an oven maintained in a temperature of 100 degrees F. The degree of proteolytic activity is estimated by the length of the column of coagulated albumen which has been dissolved out of the tube. This is measured in millimeters, the average for the normal stomach fluid is 4mm. The following is a summary of the results of some of these experiments.

In the first series of observations the average of proteolytic activity of the stomach fluids employed was six mm. After the addition of one per cent. of alcohol the activity was reduced to two mm.; under the influence of five per cent. of absolute alcohol the proteolytic activity entirely disappeared.

In the second series the average proteolytic activity is found to be 6.5 mm.; the addition of one per cent. absolute alcohol reduced the average to 1.2 mm.; with a five per cent. solution of alcohol the proteolytic activity was reduced to zero.

In the third series rye whiskey was employed. The average proteolytic activity of the gastric fluids was 4.25 mm.; the addition of one-half of one per cent. reduced the activity to 2.3 mm.; of one per cent. to one and eight hundredths mm.; and of the five per cent. to 0.2 mm.

These tests demonstrate the action of alcohol on the proteolytic activity outside of the body.

Now, allow me to record just two experiments by Dr. Kellogg, in which he uses alcohol in connection with an ordinary Ewald test breakfast.

First, Mr. P. ——, nurse, age 24, in excellent health. The following figures were obtained:

	Ewald test meal. gms.	Ewald test meal with 2 oz. brandy. gms.
Total acidity	1.98	.204
Free hydrochloric acid	.150	.072
Total chlorine	.372	.602
Acid combined chlorine	.074	.168
Fixed chlorides	.148	.362
Maltose	3.226	2.646
Dextrin	1.382	3.942
Pepsin coefficient	4.00	0.00 after 32 hrs.

Comparison of these figures shows that acidity of the gastric juice formed under the influence of brandy was not materially increased, the difference being only .006 gms.; free hydrochloric acid was diminished, the amount after brandy being less than one-half that without brandy. The total chlorine was very much increased, but this was due to the large increase in the fixed chlorides. The smallest quantity of maltose in proportion to dextrine shows an interference with salivary digestion. But the most marked difference is the total arrest of the proteolytic activity. The Mett's tubes showed no digestive action although left in the stomach fluid 32 hours, more than double the usual length of time. The amount of alcohol introduced with the test meal by the addition of two ounces of brandy was sufficient to constitute a proportion of ten per cent. of the total stomach contents. This proportion must have been considerably reduced by absorption by the end of the hour, when the gastric contents were removed; nevertheless, there was still sufficient alcohol present to absolutely inhibit proteolytic activity.

In the second case, Mr. H. ——, the following figures were obtained:

	Ewald test meal.	Ewald test meal with 1 oz. brandy.
Total acidity	.200 gms.	.160 gms.
Total chlorine	.460	.378
Free hydrochloric acid	.138	.108
Acid combined chlorine	.016	.016
Neutral chlorine	.066	.040
Fixed chlorides	.240	.212
Pepsin coefficient	4.000	1.000

A glance at these figures shows that the total activity of the stomach is diminished

to a remarkable degree. The total secretion of chlorine was decreased more than 20 per cent. by brandy. The amount of free hydrochloric acid was diminished more than 22 per cent. The pepsin coefficient was reduced from 4 mm., Mett's tube, to 1 mm., which means an actual reduction of digestive vigor in the proportion of 16 to 1.

In another case the pepsin coefficient was reduced from 4 mm. to 2.25 mm., which means a reduction in the proportion of 16 to 5.

What conclusions can we draw from all the evidence which has been quoted here from authorities who furnish their evidence both from clinical experience and from laboratory experiments, and the proof of which we cannot forego, and which is intended to impress on the minds of the profession the actual effects of alcohol in seemingly permissible medicinal doses and not repeated frequently? In fact, all of these experiments were conducted with only one dose, none of which exceeded in amount Anstie's limit. Equip any sensible physician with the truths about the effects of alcohol on the tissues and organs of the body, and I am convinced that just so soon as he recognizes these as truth there will be no question in his mind as to a rational medicinal dose, or the rational medicinal use of the drug.

Every day's record shows added evidence of the pernicious effects of alcohol on the human race that are more than appalling, yet there is not an instance on record where total abstinence has resulted in anything harmful.

THE MEASUREMENT OF ACCOMMODATION AND THE USE OF THE TWO-THIRDS RULE IN PRESBYOPIA.

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(A lecture delivered Nov. 20th, 1906, during the special Eye Week.)

As a result of the gradual decrease in the accommodative power of the eye, accompanying increasing age, the nearest point where small objects can be seen distinctly becomes gradually farther away from the eye. When it reaches a distance that is greater than the one at which the eye is customarily being used for near work, the condition is termed presbyopia.

Originally considered as a disease occurring in old age the name was afterwards extended to all conditions in which vision was poor at a near point, whether occurring in young or old persons. Donders tried to limit its use to that condition in which, as a result of the increase of years, the range of accommodation is diminished and there is interference with near vision. He fixed the proper distance for near use of the eyes at eight inches (22 c. m.), which required 4.50 dioptres of accommodation to be used.

The power of accommodation begins to weaken in childhood, but its gradual decrease cannot be noticed before the age of ten years. When the age of forty years is reached the lessened accommodation causes the nearest point of distinct vision to become farther away from the eye than the eight inches distance selected by Donders as the proper one, and lenses are henceforth required for near use.

Books on refraction contain tables for use in correcting presbyopia. These are calculated for the distance of eight inches, and give an increase of about 1 Dioptre for every five years after the age of forty. Such tables are of use only when the age of the person is known, and the eyes are to be used for reading at exactly eight inches distance. This may have been the most convenient distance for near use of the eyes at the time when Donders studied presbyopia. At the present time is certainly is not. Almost each occupation requires the eyes to be used at a different distance, making any arbitrarily fixed near point impossible.

In 1877 Landolt seeing this fact, proposed that we banish the term presbyopia and be guided solely by the requirements and desires of those who consult us, not holding to any given distance or refraction, which suits only a given number of eyes. He makes the following statement: "Knowing the static and dynamic refraction, we are, as has been shown, in a position to tell at once, what is the proper working glass for any specified distance."

Dr. Edward Jackson, after careful study, determined that two-thirds of the total accommodation is all that can be kept in continuous use without causing annoyance and tiring the eyes. I will add that in my experience I have found that when the health is not up to its standard condition, or when

convalescent, one-half the total is all that can be used. As improvement takes place, this one-half increases to two-thirds.

First we must know the total accommodation possessed at the near point. This brings up the question, what is the "near point?" It is the nearest point to the eyes at which small test objects of such size as preserve the proper angle of 5 minutes, can be seen distinctly. Printed letters are generally used as test-objects. Snellen designed his distance types so that each arm of a letter subtended an angle of 1 minute, and the entire letter an angle of 5 minutes at the nodal point of the eye, when read at the distance it is intended to be placed. To be perfectly accurate the near-type should be made in the same proportion of arm and letter, but so reduced in size as to preserve the proper angle for the particular distance at which they are intended to be used. This has been done in only a few instances. Dr. Oliver, of this city, has designed a near-test card, composed of block letters, which has no relation in proportion to the common printers' types. Most of the near-types are modeled after Jaeger's, which are ordinary printers' types. They approximate the proper length, but the width and thickness of the arms are not in the correct proportion to the thickness of the letter. The best tests that I have seen composed of printers' types, are those designed by Dr. Wallace, and are to be found in the "Oculists' Vade Mecum." This book contains besides much other valuable information, a set of types for accurate use at quite near points, also reading types for ordinary use in the English, German, Italian and Hebrew languages.

As it is necessary to render the patient an emmetrope before correcting presbyopia, first test the distant vision. In my office I start with the retinoscope, then, having made proper allowance for the distance at which it was used, I put this correction in test-frame upon the patient's face. First increase and then decrease the strength of the spherical lens and then of the cylinder. For this purpose I use the triple lens sets, plus, plano, minus, in sphere and cylinders made for me by Messrs. McIntire, Magee & Brown, of this city. Finally I change both spheres and cylinder at once by use of the crossed-cylinders of Dr. Edward Jackson, thus making every possible alteration in the strength of the lenses. Leaving before the eye this correction, which makes him an emmetrope or gives the best possible result for distance, select such types as are intended to be read at 25 or 30 c. m. See if he can read this type near the distance at which it is intended to be used. If he can do so, bring the test-card towards the eye until the letters become blurred, then slowly withdraw it from the eye and as soon as it can be read at all stop. The card is now held at the near-point (P. P.). Measure the distance from this point to the eye in c. m. and divide 100 by it to determine the number of dioptres strength represented by a lens which focuses at that point, or take the distance in inches and divide 40 by it. If disinclined to mental effort, merely read the number of dioptres directly from the edge of the meter-stick. For measuring use a meter tape or a meter stick. The latter is a meter long and is marked in inches on one side; decimeters, centimeters, and millimeters on the other; and has the focal length of different lenses marked in dioptres on the edge. The number of dioptres of accommodation used at any distance is equivalent to the strength of a lens focussing at that same distance.

However instead of the types for use at 25 or 50 cm. he may be able to read only a larger size-type, which does not present a small enough angle, but on account of its larger size can be seen when held closer to the eye than the distance for which it is intended to be used. If this is the case, go back to the small type and add such convex lenses as enable it to be seen at a proper distance.

Two methods can now be used—first, keep it at exactly the distance it is intended to be held, select the weakest convex lens with which it can be clearly read; second, take away any convex lens that enables it to be read near the proper distance, bring the type close enough to blur, then withdraw it slowly until it reaches the point at which it can first be seen clearly. Determine the accommodation at the nearest distance that it can be read. Deduct from this the strength of the lens which was used to enable him to read it. The remaining amount is the total accommodative power of the eye.

It has been stated that two-thirds of this total accommodative power is all that can be used continually. Now having the number of dioptres of total accommodation, take two-thirds of this amount and it becomes very easy to determine what lens is needed

for use at any particular distance. Most persons hold a book at at about 14 inches distanc from the eye, when reading. This distance represents an accommodation of 2.75 dioptres. If the available two-thirds of the accommodation is this much or more, no lens is needed where the eyes are used at the stated distance; but if it is less than 2.75 dioptres then the difference between the 2.75 dioptres and the available two-thirds of the accommodation must be given as a lens to enable the patient to use his eyes at 14 inches. If large books are used they will be held on the lap, giving a distance of 20 inches (50 cm.), and requiring 200 dioptres of accommodation. At the piano a distance of 15 or 16 inches (38-41 cm.) is used, representing 2.50 dioptres of accommodation. When working at arm's length the distance is 28 to 33 inches ,71-84 cm.), requiring 1.25 to 1.50 dioptres of accommodation. When allowing for poor health, take one-half the total accommodation and find the required lens in a similar manner.

This "Two-Thirds Rule," which we use here in Professor Schneideman's Clinic, gives an accuracy unattainable by any other means. Since the lens is chosen independently of the patient's age, a mistake of a number of years as so often occurs, has no effect whatever upon the result; nor has the fact that at any given age some persons have less accommodative power than others, and that in the same person the power of accommodation varies with the state of health.

In myopia this rule holds good up to 5.00 or 6.00 dioptres, providing the refractive error has been corrected by proper lenses when the person was young, and the accommodative power thus preserved. In higher errors, and cases in which the person did not have proper lenses when young, the accommodative power is lost, and to correct the eyes for near use it is necessary to deduct from the distance lens the strength in dioptres represented by the accommodation required at the distance where the eyes are to be used. This will not always be exactly correct, but will give an approximate lens with which to start the test for near vision. When the myopia equals 1.50 dioptres, no lens will be needed for use at arms' length; if 2.00 dioptres, none for books or sewing held on the lap; if 2.50 dioptres, none when using the piano; if 2.75 dioptres, none for reading at 14 inches. In each case the distance lenses are to be removed and the eyes alone used for the near work. If there is astigmatism besides the myopia, when the distance lenses are removed proper cylindrical lenses must be substituted for near use.

Remember that of two convex lenses enabling a type to be seen equally well at a given distance, the weaker as a rule will be the more satisfactory, if near glasses have never been used before; that at no time can a near glass be used for a distance farther away than its own focal length; and that the range of vision with this glass before the eye lies between the distance of its focal length of a lens which is equal to the combined strength of this near lens, plus two-thirds that of the total accommodation in reserve for near use. Thus as persons grow older and stronger convex lenses are required, the range of vision grows gradually less, and the far point with lenses comes nearer to the eye, until finally all accommodation having been lost, the far and near points points for close vision are situated at the same place.

ADENOIDS.

T. W Moore, M. D. Huntington, W. Va.

(Read before the Central Tri-State Medical Society, July, 1906.)

Adenoid vegetations or hypertrophy of the pharyngeal tonsil had been mentioned by Mayer, Tornwaldt, Loewenberg and Voltolini, but to Hans Wilhelm Meyer, of Copenhagen, is due the honor of being the first to study and describe this condition, and to offer an effectual remedy therefor. This he did so thoroughly that his monograph presented in London in 1869 stands to-day as one of the monuments of English medical literature, and it has been truly said that after almost forty years nothing of particular importance has been added to or taken from his original description of these growths.

It is interesting to note that these hypertrophies are found in all climates and among all races, but they are much more frequent among civilized people living at low altitudes. Particularly is this true where there is much dust or what is often an associated condition, paradoxical as it may seem, dampness. So you see this Ohio valley offers ideal conditions for their development. They are found most frequent-

ly between the ages of five and fifteen years, being about equally divided between the sexes. The rich man's child seem to be as frequently a sufferer as the children reared under the most unfavorable environment, and while we frequently find several children in a family afflicted, it is not clear that heredity is an etiological factor.

The symptoms are many and varied, according to the situation and extent of these growths, the peculiar facial aspect caused by mouth breathing being so characteristic that it is said that Meyer could select the victims of adenoids from the paintings of royalty in the various galleries of Europe. An inability to articulate distinctly the nasal sounds m and n is present as Meyer mentioned, common being pronounced cobbod, sogg instead of song, etc. The mental sluggishness, not uncommon, is explained by M. Jacobi and Solis-Cohen as having "an anatomical basis in the relation between the lymphatic circulation through the brain to the naso-pharynx. The presence of a large mass of hypertrophied tissue interferes with the proper drainage, so to speak, of the brain." This is probably intensified by the impaired hearing so frequently resulting from these growths.

The child nearly always snores in common with other mouth breathers, which may only be at night; and suffers with night terrors, screaming out in its sleep; often having enuresis also.

Recurrent attacks of spasmodic croup are often due to this cause. The post nasal obstruction interferes with the free passage of air through the nose, permitting the accumulation of secretion and the lodgement of dust within the nasal cavity, thereby causing irritation and setting up an inflammatory condition of the anterior nares, with the scab-covered ulcers so often seen in this locality. This direct mouth breathing of dust-laden air unwarmed or moistened by the nasal cavities produces larnygeal and bronchial irritation with a peculiar harsh bronchial cough. The resisting power of these sufferers to the acute infectious disease is lessened by a lowering of their vitality, and they thus afford a suitable soil for the tubercle bacillus. Then general development is arrested, and a peculiar deformity of the chest known as "pigeon breast" is often found.

A large percentage of these cases that come to me do so because the parents are alarmed by the increasing deafness or recurring attacks of suppurative otitis media. According to Blake and Reik the presence of adenoid growths in the naso-pharynx affects the hearing in two ways—by interference with the ventilation and with the blood supply of the middle ear. "To clearly review the manner of this interference it is well to consider the means provided for continuing a definite supply of air in the middle ear and for maintaining a just balance of the arterial and venous circulation in that part of the organ of hearing which suffers most immediately from the filling of the naso-pharnygeal cavity and consequent closure of the tympano-pharnygeal tube. This passage, which is both drain and ventilating shaft, is in the child both shorter and wider than in the adult, its tympanic orifice is comparatively large, but the pharyngeal orifice is indicated only by a slight depression or fissure in the lateral pharyngeal wall, and the posterior prominent portion of the tube which forms a decided projection in the adult is either wanting or is hardly noticeable. The former of these anatomical conditions, as is evident, favors rapid recuperation after restoration of patency of the tube, and the latter renders that passage much more easily occluded at its faucial end by the pressure of any substance filling the naso-pharynx. The tympano-pharyngeal tube is not a constantly open ventilating shaft for renewal of the air in the tympanum, and as the air in the middle ear is being absorbed constantly, with greater or less rapidity according to the state of the circulation in the mucous membrane, its renewal must be provided for by gaseous interchange, or by the operation of such mechanism as shall, by opening the tube and at the same time causing increased atmospheric pressure in the naso-pharynx, assure the ventilation beyond peradventure." And after explaining the action of the levator and tensor muscles of the soft palate in deglutition and phonation they add: "With the presence of a growth in the naso-pharynx this admirable working mechanism is interfered with, and, even if the growth is not sufficiently large to occlude the faucial orifices of both tubes, it interferes with the palatal movements and with the proper balance of air pressure in the naso-pharynx, and is inevitably productive of injury to the ear; the result of the decreased air pressure being the production of

a partial vacuum in the middle ear, with its consequent train of congestion, swelling of the mucous membrane, and trophic changes, of greater or less permanency, according to the duration of the abnormal condition. That it is not necessary that the growth should be a large one to influence the ear is shown by the effect which a small growth has upon the pronunciation of all the nasal consonants; that is to say, upon the palatal movement. Where the growth is large and exerts considerable pressure on the walls of the naso-pharynx, there is, in addition to the consequences already mentioned, an effect directly upon the blood supply of the tube and middle ear by interference with the return of the blood from the tympanum through the tubal into the lateral pharyngeal veins. A portion of the blood supply to the anterior and superior portions of the tympanic cavity and to the membrana tympani comes through a small artery running along the upper wall of the tympano-pharyngeal tube, the blood so supplied being returned in part through veins running superficially downward in the tubal mucous membrane. Mechanical pressure on the lateral pharyngeal wall in the neighborhood of the tubal orifice may therefore result in a blood stasis in the middle ear and the consequent clinical phenomena of congestion of the mucous membrane, progressive rarefaction of the air in the tympanic cavity, and retraction of the membrana tympani."

The diagnosis is often easy when the symptoms enumerated above are considered, but frequently confirmation is required by examination of the post nasal space with the rhinoscopic mirror, usually a difficult procedure with children; or a digital examination, which is best accomplished by holding the child's head firmly against your breast and with the fingers of the left hand pressing the left cheek between the upper and lower jaws which are widely separated. Now introduce the index finger of the right hand back of the palate, and feeling the nasal septum, follow it to the vault of the pharynx when a mass resembling a bunch of earth worms will be felt if adenoids exist. Now by sweeping the finger gently to each lateral wall the extent and general outline of the growth can be determined.

There is but one treatment for this condition, and that is the complete removal of the mass; in this one instance, says D. B. Kyle, "radicalism is less dangerous than inactivity." In children under fourteen, in common with many operators, I prefer a general anaesthetic, and notwithstanding the many arguments against its use in throat operations, I have always used chloroform with most gratifying results. If the faucial tonsils are pathological I remove them first, usually with a wire snare, and then the adenoids by the curette. Having introduced this instrument back of the palate in the proper position for operating, I follow along the nasal septum as far as the instrument will go and then with a rapid forceful motion downward and backward I am usually able to bring away the adenoids with one sweep. I then introduce the finger and ascertain how thoroughly this has been accomplished. If shreds remain, or masses in the region of the Eustachian orifices, I introduce the Hartman's lateral curette or a small forceps and remove all that is left. I then introduce a nasal dilating forceps into the anterior nares, pushing it gently into the post nasal space, thereby forcing out all particles of this tissue remaining in the nose.

To those of you who do this operation, I wish to utter a few words of caution. First. If a general anaesthetic is used the patient should by all means remain in the prone position, the head hanging over the end of the table or not, as the operator may prefer.

Secondly. You must guard against laryngeal obstruction, for if a piece of adenoid tissue should inadvertently fall into the larynx you must hold your patient head downward, and if not immediately relieved a rapid tracheotomy must be performed.

Thirdly. You frequently do not notice any improvement to hearing until from two to twelve weeks after the operation.

LESSON FROM THREE YEARS' USE OF THE ROENTGEN RAY.

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(Read at annual meeting State Med. Asso., 1906.)

In attempting to crystalize out of the experience of a few years the results and conclusions that will stand the test of time and be a help to the worker in Roentgenology, I find myself floundering as a barque in a troubled sea, and feel that the now almost innumerable company voyaging toward the

same port must keep a sharp lookout for breakers and collisions.

While there are beacon lights among the numerous investigators and promotors of Roentgen therapy, whose prowess and excellent facilities enable them to set the pace for us, still the great consensus of the army of privates that follows in the wake of these leaders of thought and investigation, makes up the valuable conclusions that must be arrived at.

It is with this in view that I wish to report my experiences in this most wonderful of scientific discoveries. I do not intend to enter upon the discussion of the still mysterious source of this all pervading light, nor philosophize about the modus operandi of its production.

The subject of light therapy has been extensively written up, and to reiterate these fundamental considerations would be presumptuous on my part, especially as works upon this subject are so accessible to all. The specialist in this field of practice, the regular practitioner of the healing art—nay, even the man of ordinary life and intelligence, must accord first place to sunlight as the great disease-preventing and disease-curing factor. How essential it is to all life and of over-towering importance in the battle with disease! The inexhaustible and never failing supply of this light, as well as that of electricity, marks these as the paramount essentials to the metabolic processes and changes that we witness in life's processes.

This daily appearance of the orb of light as the stimulus of life and activity, and the succeeding darkness for rest and recuperation, are so matter-of-fact, that even the creature of intelligence does not stop to reason out their purpose or use them as the Divine Creator purposed. Myriads of unintellible creatures instinctively seek and use the light of the sun to maintain and restore life, and languish and die if forcibly deprived of it.

So we see the fascination of this subject and how its consideration would lead us into too prolonged a paper. But hardly less fascinating is the study of the other natural elements of life and health, viz., air, water, heat, electricity and exercise as factors in metabolism, and if necessary to life they must be curative of disease, which in many cases is a perversion of normal function and its consequences.

The work of Finsen, the Danish scientist, in establishing the therapeutic value of sunlight, and then of the arc and incandescent light, marked the birth of modern phototherapy. Had he lived to further prosecute his investigations the scientific world, as also the great mass of humanity, would doubtless have been richer and enjoyed the boon of his benefactions. Still the pace set by him, and many brilliant men and women have achieved wonderful results in the investigation of the radiant power of light rays. We of the busy life of practice can hardly keep pace with these achievements, let alone the attempt of their verification. Therefore, as to the depth of the penetration of these sun rays; what the exact physiologic and therapeutic effects are; what part of the spectrum the rays belong to; what the wave length of the light rays and its bearing upon penetration; or whether electricity has any part in the transmission of light-rays and waves, these problems must be left to those who possess the time and facilities for their study.

It is not essential for the successful use of these light modalities, that these and many other interesting mechanical and physical facts shall be known by the operator of them, any more than it is necessary for the successful practitioner of medicine to know the origin, method of manufacture and a myriad of other details of the therapeutic preparations that are used by him.

When three or four years ago I became impressed with electro-therapeutics and X-ray as effective agents in the treatment of many maladies, I began their use with a very imperfect knowledge of the rationale of their nature, production or therapeutic application. Much of their use was empirical and entered upon for maladies that had baffled most other remedial measures and my practice was based upon their reputed use as reported in the journals. But though these few years of study and experimentation have served to bring about some familiarity with the X-ray, I am ever impressed with the sense of awe in using it. It is quite essential that a fairly accurate knowledge of the generator of the currents of electricity used, and the essential features of the vacuum or Crook's tubes, should be attained in order that the operator may rationally and successfully use them. Even then, in spite of all that is known that aids our intelligent use of the X-ray, there are

many questions which still wait for solution and which the future investigator will doubtless solve. It is not my purpose to name or discuss these, as I could consume much time and space in their consideration It is sufficient to note that we are dependent for our results upon the condition of the excited tube, and that the còrrelative force manifestations on the outside of the tube are the product of an inductive process of some sort, generated by the bombardment of the molecules within the tube, set in motion by the passage of the electrical current. These rays emanate from the surface of the tube and vary in their force and potency with the every varying conditions of the vacuity of the tube.

When the operator's test of knowledge comes in and what determines the resulting success or failure of the remedy, is the ability to adapt the X-rays to the cases amenable to it, and to seek or produce such a tube as will afford the desired quality and intensity of light for each case and condition. The wise operator will also never lose sight of the fact that he is using a remedy so powerful that he is liable to endanger the health of the patient as well as that of himself, if over exposure is allowed. Many interesting devices have been resorted to to limit the application of these powerful rays, and the consideration of these as well as familiarity with them are becoming as necessary as is the knowledge of the therapeutic use of the rays..

Probably the most common use of the Roentgen ray is the fluoroscopic examination of the body to find foreign bodies, abnormal growths and fractured bones and ligaments and misplaced organs. In all these however, there is greater diagnosis in the skiagraphic picture than in that afforded by the fluoroscope, as the individual equation must ever come in to modify the general opinion. Then, too, the accuracy of detail afforded by the negative can never be realized in the fluoroscopic examination. But there is one class of very important internal investigation wherein the fluoroscope surpasses all other agencies; the study of deglutition and the obstructions to it, the study of the outline, malposition and action of the stomach in the performance of its function. The harmless mineral bismuth in the form of subnitrate or subcarbonate placed in an empty capsule and swallowed, may be easily seen with the fluoroscope in its descent down the oesophagus and through the stomach and small bowel, and the obstacles to its passage studied, as well as the course of the food in the process of the stomach's mechanical action. Then, too, the outline of the empty as well as the full stomach may be determined by the ingestion of a generous draught of bismuth in solution, and then a picture taken from the front or back or either side. It will thus be seen how valuable is this wonderful light in these studies which have heretofore baffled our efforts to solve.

I have probably referred sufficiently to the rationale of the therapeutics of the Roentgen ray, at least I have demonstrated how little I know of its method of action. One of its greatest uses is in the treatment of germ-producing diseases, and the potency of the remedy seems to vary directly with the distance of the disease manifestations from the surface. Whether it has any direct effect on the abnormal tissues produced by nature's effort to bar off disease processes, by stimulating the production of normal tissue, or whether this apparent stimulation is due to the retarding of the development of disease and the permission of nature to proceed with the process of repair, is a matter not yet determined; but it is plainly helpful to the process of repair and a useful adjunct to the surgeon's armamentarium.

My own use of the rays for therapeutic purposes has been limited to tuberculous skin diseases, adenomas, superficial cancers, eczemas, psoriasis and acnes with a few growths of uncertain character beneath the skin, more especially in the breast gland and about the neck. Most of these cases were referred to me by other physicians.

One of my first cases was one of evident multiple sarcoma, having tumors all over the body and within the abdominal cavity. The application of the rays to the tumors about the neck seemed to be partially successful, when carried repeatedly to the degree of dermatitis. In trying to affect the abdominal growths I produced a terrible burning, causing a necrosis of the skin and subcutaneous tissues for an area of six inches in diameter. This was endeavoring to heal, but did not have time before the toxic effect of the internal growths caused death. No autopsy was permitted. Tumors of apparently similar character, though few and isolated, have yielded to the Roentgen

rays alone. Their character I did not determine, and some may have been tubercular.

Epitheliomas have invariably yielded to my use of the rays, though those about the lips were much more obstinate. This obstinacy I attribute to the superabundance of the circulation in that part, the hemoglobin. being a direct barrier to the effectual use of the light treatment. This is demonstrated by the pressure effect on the part being treated by the Finsen lamp and its modifications. The use of a wooden or leather compress over the cancerous spot, when possible of application, greatly aids the efficacy of the Roentgen ray treatment.

My technique is to use as soft a tube as possible, and place it as near the diseased part as possible to avoid sparking, and to apply this every day or so for a length of ten minutes, and for at least ten treatments, and then wait for signs of dematitis, which appear in a variable period depending on supply of pigment in the skin and the circulation in the part treated. But I do not expect any radical results without this dermatitis. After a couple of weeks or the subsidence of the burn, I either find a healthy healing ulcer with disappearance of induration or a complete disappearance of the disease. This applies to all skin cases I have treated. I have had cases return to show an indurated nodule still at seat of cancerous growth, or the lymphatic glands to enlarge in the adjacent tissues, evidencing the persistence of the disease. A second or perhaps a third course of treatment has resulted in a complete cure. Lupus vulgaris covering the whole body has been thus successfully treated within the space of three weeks, and this after weeks and months of other remedies had failed in the hands of physicians who referred them to me. In the treatment of such cases, and of tubercular affections of joints and glands, and in fact in all those cases where the alterative processes throw upon the system an unusual amount of debris to eliminate, I gauge the treatment to suit such a contingency and supplement by the use of eliminants to avoid toxic effect and give nature a chance to push the process of reconstruction. I also find the happiest results in the application of the positive brush discharge from the static machine to the affected parts. I also use mild sparks from the resonator to aid in the process of repair.

I am well convinced that in most cases where the Roentgen ray treatment is effectual or indicated, there is more or less of constitutional involvement, requiring the closest thought of the physician in charge, and that, while some cases are so well equipped with the powers of recuperation that they can be left to themselves, most cases require the concentrated effort of the practitioner, and that this cannot be given by the general practitioner to the casual case that may drop into his office.

So many other adjunctive methods of physiologic therapeutics are so often demanded in these cases, if we bring them through, that I am well convinced that where possible all such cases should be treated in sanatoria where these appliances of baths, massage, exercise and diet can be under the control of the physician who must regulate them. Physicians everywhere are showing a similar conviction by the almost constant and universal reference of such cases to those equipped for their treatment. Again, one who can afford the equipment necessary to such treatment, can ill afford the time for general practice; hence this branch of practice becomes a specialty.

VENEREAL DISEASES.

C. H Maxwell, M. D., Morgantown, W. Va.

(Read before the Monongalia County Medical Society.)

"He will hold thee when his passions shall
have spent their novel force,
A little dearer than his dog, a little wiser
than his horse."

A young man came into my office to seek relief from stomach trouble. In getting at the cause of his trouble he told me with apparent pride that he and a young woman had indulged in sexual congress no fewer than sixty-four times in a month. Yet he wanted relief from *stomach trouble!*

A young woman suffering from nervousness admitted that she had been criminally intimate with a young man for seven years, and that they had indulged almost every day. And she wanted relief from nervousness! And something to restore her pristine vigor!

Daily we come in contact with diseases that are of non-specific venereal origin.

We need not go to the unmarried libertine to find the non-specific venereal manifestations, but we find them in the legally married, yet morally depraved. Many a marriage is merely legalized prostitution without promiscuousness, and entered into with no higher aspirations than sensual gratification. And too often these marriages are barren of everything but moral depravity. The doctor can look through the thin guise of perverted marital relations and see the true cause and significance of the nervous prostration for which relief is sought. This perversion of the highest functions of physical existence is becoming more and more prevalent in the so-called higher grade of society. Too often marriages are entered into with every other consideration than raising of a family; and too often the contracting parties are adepts in the ways and means of avoiding this responsibility. And too often, when not adepts in preventing conception, they are skilled in brazen effrontery in stalking into the doctor's office and almost demanding criminal abortion. And too often they find the man who is so destitute of moral principle as to do what they order.

Many are the debilitating conditions brought on by over-indulgence of the sexual passions by those who are unwilling to resort to criminal methods to avoid parental responsibility. What with household cares, nursing babies, church socials, missionary societies, sewing circles, mother's clubs and a bestial husband, many a poor woman is old at thirty-five.

I believe if all nervous diseases were grouped together we would find written in graphic formula:

Dissipation
{Excessive Venery
{Excessive Alcohol

Bacchus, Venus, Vulcan: A disciple of any one is bad, but a worshipper at the shrines of all three is doomed to an ephemeral existence.

Too little attention is paid by the average practitioner to these conditions We often wonder why certain children are not up to a normal standard. Yet if we would study the parents more closely we would probably see the cause along these lines. The parents have used their procreative powers excessively, and were unable to give to their offspring the proper vigor and their just portion of mental and physical stamina. It is a delicate, diffident matter to reach these cases in a satisfactory manner. But when we hear of a case of "nervousness," "nervous collapse," "nerve exhaustion," "overwork," "nervous break-down," or "neurasthenia," if we would get down to the true cause, we would probably find excessive or perverted venery.

These perversions are not limited to one class, but have honey-combed the whole social fabric, until the pessimist can see a time when platonism will have been entirely eliminated from our society.

These conditions bring much work to the general practitioner, and he too often entirely ignores the etiological factors that enter into the case. We can scarcely reach the causes in a satisfactory manner in many cases, but by proper caution and diplomacy we can often get in some good work along this line.

Another phase of this same subject is more prevalent than what the busy man knows of. It is the lecherous stories, the vulgar joke, the bestial narrative, the immoral escapade, told and rehashed and gloated over when a lot of idle men and boys gather together. It is surprising and disgusting to see how soon these subjects are brought out whenever an opportunity arises. It is surprising to see how many men of apparently good moral calibre delight to tell these dirty tales, and to bring them up at every opportunity. Their minds seem to run on this lower plane at all times. They seem never to try to crowd them out with better thoughts. This form of sexual perversion (or moral depravity) is almost as bad as the actual indulgence, for it has a tendency to lower the ideals of all who may hear their tales, whether from choice or necessity.

Specific Venereal Diseases.—I shall not pretend to cover the ground here in a brief paper, but I wish to call the society's attention to these diseases in a general way, and to remind us of the tremendous responsibility resting on us as protectors of the general public health.

There is an ominous tendency to treat with levity the venereal diseases. Many of the laity look upon a specific infection as no more severe than "a bad cold." And all too often the surgeon passes it by with a carelessness that is criminal. Too many of us fail utterly to put the proper significance on a case of gonorrhea or syph-

ilis. We demand pay in advance and promise a speedy cure. Yet we all know that in the case of gonorrheal infection the patient has only one chance in five of being permanently cured. It is an alarming condition when a doctor passes these cases by in a jesting manner. The specific venereal diseases have a more degenerating influence on the human race than all other diseases combined—with the solitary exception of alcoholism. Genito-urinary diseases, locomotor ataxia, imbecility, insanity are traceable to a large extent to these causes. Probably 80 per cent of the general practitioner's work is due directly or indirectly to excessive venery, and specific venereal diseases.

Soft Chancre.—The chancroidal ulcer is the least significant of the three specific diseases. It is generally taught that the soft chancre is in no way related to any other specific venereal disease, but it is my belief that it is a modified syphilitic ulcer, due to pathologically changed syphilitic secretions —possibly a hybrid disease. I base my opinion on the fact that the ulcer fails to heal under local and general tonic treatment, but yields promptly on the exhibition of syphilitic treatment.

Gonorrhea.—This disease gives more work to the genito-urinary man and the general practitioner than any other specific disease. Let the true cause of all the pelvic and visceral diseases be known and there is no doubt that most of them would be found to be of gonorrheal origin. Orchitis, epididymitis, cystitis, ovaritis and dozens of other conditions can be spelled with four letters—*Clap.*

We too often fail to grasp their true significance, and treat them symptomatically, which is as often all that is left us; they are beyond our reach, the mischief is done ,the consequences are left to the doctor, to the patient, and to posterity. This stamping on posterity is the worst feature of gonorrhea. It is true that gonorrhea cannot be transmitted into the system of a child, but the perverted sexual cravings, the highly wrought up nervous system, the general perverseness and weakness can be transmitted. You hear the expression about a certain child being "a bundle of nerves." Too often this excessive nervousness is nothing more than the inherited effects of venereal perverseness. The inflammations and congestions set up a chronic semi-satyrism, which impels the licentious to more licentiousness, and they infect other subjects and reinfect themselves—a chronic vicious circuit. These uncurbed passions react on the patient himself and he "burns his candle at both ends," and becomes a sort of "has been" years before his time. Or, if he is capable of reproduction, his children will probably have all of his licentious qualities with compound interest. Or they may lack in the essentials of a good animal and his children be puny, sickly and scrawny, or weak minded, atavistic in body and degenerate in soul.

Syphilis.—Consumption has been termed the "great white plague;" so syphilis can be called the "great black plague."

This is another exemplification of the old truism: "The iniquities of the father are visited upon the children to the third and fourth generation." This is the one disease that is transmissible in all its impurity. That old man Moses was the greatest sanitarian of the ages. If we look at the records we find that he studied the needs of his people of whom he had charge, and when he gave them the moral law he included a physical and physiologic condition that is shown here in its perfection. Other diseases may be transmitted to the offspring, but none carries with it such far-reaching and blighting effects as does this curse. This disease has been so long contaminating the race, that it has reached a large percentage of the families.

If it were not for the natural ability of the human system to throw off from the blood, and the further tendency of the weaklings to succumb, the race would probably soon become a race of inferiors and imbeciles. But nature is conservative and allows the parents to expend their procreative power in producing beings incapable of living, or if born alive to shortly succumb to inherited rottenness.

"Three minutes with Venus gives three years with Mercury." There are many who are willing to stay three minutes with Venus, but see no necessity of staying three years with Mercury.

It is the failure of keeping tryst with Mercury that I want to impress upon you. The patient can see no necessity of taking medicine when he seems all right—and treatment is stopped. He fails to return to his physician and the physician fails to keep track of him, and one more contamination is

turned adrift in the Gulf Stream of racial perdition.

Too many times the doctor is at fault. He fails to impress the gravity of imperfect treatment upon his patient. It seems to me that we should put forth our best efforts to make the weight of professional advice felt here, if we wish to benefit our patient and his progeny.

Nature prevents untreated syphilitics from increasing the race, but how often we see syphilitics patched up by haphazard treatment till they are able to procreate, but the product is short-lived, or goes through life a veritable wreck of humanity,a curse to the public and a curse to himself, and should he be so unfortunate as to perpetuate his kind, the product is a further burden to society.

When we study the multitudinous forms of disease that follow in the wake of the uncured syphlitic, we shudder to think of the opportunities wasted to preach the gospel of purity, eradication, and celibacy. The old prayer was: "Guard us against the pestilence that walketh in darkness." This pestilence not only walketh in darkness, but stalks about us in broad day, the living impeachment of imperfect treatment.

The members of this society have cause to be thankful that we live in a community where acute syphilis is uncommon, but with the influx of new population we may look for the rapid spread of the disease. And it will catch in its spread many a subject that the physician himself will be surprised at. Let us be alert. Let us be conscientious. Let us be emphatically thorough. Let us make up our minds that we will discharge our duty along this line to the fullest extent of our ability.

RESPIRATORY PARALYSIS—A REPORT OF TWO CASES.

James R. Bloss, M. D., Huntington, Assistant Physician West Virginia Asylum.

(Read to the Cabell Co. Medical Society Feb. 14, 1907.)

As a student I learned of the respiratory center, located in the floor of the fourth ventricle, in close proximity to and perhaps involving the nucleus of the vagus; was taught the mechanism of respiration, etc., and finally was told that paralysis of this center might be responsible for the death of an individual. After having been in practice about six months it was my fortune, good or ill, as you choose, to see a case with the gloomy outcome I had been told to expect. This caused me to search the literature at my command for cases in the experience of others, and to be on the lookout for any journal reports of similar cases. It was found to be mentioned often but no cases described, generally the statement ending: "This is a rare occurrence." So the thought was treasured that I had seen one of the "rare things" in medicine, and it was being reserved to tell of in after years; but the occurrence of a second case with a favorable outcome determined me to report both cases to you.

The first case Dr. Moore told you something about at the meeting last February. I will hurriedly go over it again, however, with the doctor's consent:

T. C., male, 34 years of age, white, single, had been a hard worker as a lumberman; up to 1903 had used alcohol freely; no history of syphilis, etc., obtainable. Nine months previous to March, 1905, began having epileptic seizures, at first mild but rapidly developing into grand mal. March 28, 1905, was admitted to West Virginia Asylum; his epileptic seizures were more mild and less frequent after admission and general health and mental condition were good.

January 26, 1906, about 11 a. m., had a moderately severe seizure, and fell in the bathroom, striking his head upon the floor; after a few minutes became conscious but complained of a terrible pain in his head; this became so unbearable that about 2 p. m. the attendant sent for me. When examined his pupils were contracted, but equal and responded to light. The room was very light, however, which might be held accountable for the contracted pupils, and I found that the patient frequently suffered from intense headache after attacks. Morphine sulphate ¼ gr. and hyoscine hydrobromide one hundredth gr. were given hypodermically. I then made my rounds through the wards of the institution. About fifty minutes later I was again hurriedly called, the attendant saying that C— was dying. Found patient intensely cyanosed and that respiration had entirely ceased. His heart was contracting rhythmically with a full regular pulse at the wrist, pupils about same as before but did not respond to light. Atropine one-hundredth gr. and strychnia nitrate one-thirtieth gr. were given hypodermically, and artificial respiration begun. In a few minutes the cyanosis disappeared and the pupils responded slightly to light. The corneal reflex was still absent. When artificial respiration was stopped the face and ears would in a few moments become cyanosed, while the heart sounds still continued as at first, with full,

strong pulse at wrist. The mechanical respiration was persisted in, and atropine and strychnine nitrate given every hour, until 8 p. m., when Dr. Moore saw the patient. At this time the feet were getting cold and the heart action weaker, so further therapeutic efforts were not made. Death soon resulted.

An autopsy was not permitted, so I can give you no pathological findings, only my own conclusion, namely, that when the patient's head struck the floor in the bathroom during the epileptic seizure a small blood vessel was ruptured in the medulla and a clot began to form. This would account for the terrible pain. This clot was probably so small and so situated as not to affect any other center, thus an absence of other symptoms.

The second case resulted in recovery. The patient's history was as follows:

E. H., female, 42 years of age, white, married, one child; good habits; occupation had consisted of her household duties; never used drugs; no history of venereal infection. Was admitted to West Virginia Asylum December 13, 1906, with the diagnosis of epilepsy of six months' standing. Had had only two seizures, one in July and one in August of 1906. After admission had no attacks until January 29, 1907, while at the dinner table. At 12:50 p. m. was called to the ward and found the patient had already developed "status epilepticus." The convulsive seizure would begin as a tonic contraction of the middle finger of right hand and rapidly extend until whole body was convulsed with the clonic spasm. Bear this point in mind because of subsequent features of the case. The tonic convulsion would begin in the right middle finger before the general clonic spasm had subsided, a point in distinguishing true "status" from a series of convulsions. Temperature in the left axilla was 104 degrees F., face was very dusky, lips, finger tips and back of hands blue, and auscultation of cardiac area revealed the fact that the heart was contracting fairly regularly, and in spite of the severity of the convulsions the pulse was distinguishable at wrist. Sedatives were pushed because of the exigencies of the case. At 1:30 p. m. the seizures were becoming less violent, the last convulsion occurred at 2 p. m. The patient was unconscious but breathing regularly 14 or 15 respirations per minute, though of the puffing type common to epileptics after attacks. At 2:20 the respiration ceased entirely, the face and also the hands becoming purple. The nurse called me, saying E. H. was dead. Strychnia nitrate and atropine were immediately given hypodermically, and artificial respiration begun. The pupils were moderately dilated, equal but unresponsive to light; the corneal and superficial reflexes were lost, pulse 76, full and regular, but there was absolutely no respiratory movement detectable by auscultation or mensuration, nor did moisture collect on a cold mirror held close to the patient's mouth. So artificial respiration was kept up, only ceasing it from time to time to see if automatic respiration had been resumed. At 3 p. m. strychnia nitrate one-thirtieth gr. was given hypodermically. The face had regained its normal color, as had the fingers, showing that the interchange of oxygen and carbon dioxide was taking place. Pulse at this time had gone up to 88 per minute and was full and regular; still no respiration, however. At 4:05 p. m. atropine one-hundredth gr. was given hypodermically; the physical conditions same as at 3 p. m., except that pulse was weaker, and we could get a response to corneal irritation. At 4:25 ceased artificial respiration to see if any automatic respiratory movements would be carried on. The face gradually grew dusky, but at 4:27 the patient took a shallow inspiration, at 4:28 another, by 4:40 taking ten to twelve shallow respirations per minute. At 5 p. m. was regularly and fully expanding the thorax, at 6:30 breathing easily and regularly but was still unconscious.

January 30 at 8:15 a. m. patient was conscious and understood what was said to her, but when she attempted to answer questions the result can best be described as a jumble of sounds which could not be understood. Her right arm was utterly helpless (exhaustion paralysis) and patient very weak. At 11:30 a. m. she could articulate two or three words in attempting to answer questions. The motor power at this time was very much improved. While nurse was absent from the room she had gotten out of bed to a vessel beside her, had defecated and returned to bed when the nurse again entered her ward. At 3:15 p. m. could articulate distinctly, though apparently requiring a great effort to do so.

January 31, heart sounds, pulse and respiration were normal; took nourishment freely; bowels and kidneys acting freely, but complained of aching all over, particularly her legs; convalescence uneventful.

The point which impressed me particularly, aside from the question of the cause of the paralysis, was the localization of the beginning of each spasm in the middle finger of the right hand, and the subsequent inability to form words even though the mental faculties seemed clear. Since the speech center (Broca's convolution) and the center for muscular control of the right hand are not widely separated, it would appear that one could almost feel certain of the portion of the cortex involved. But there are no other symptoms since to point to any particular region, no history of traumatic injury to the head; in fact the alleged cause of the epilepsy is the onset of the menopause, and as trephining produces no favorable results in idiopathic epilepsy, I have not felt justified in instituting such procedure.

As for the cause of the overwhelming of the respiratory center, I can find no explanation. It is well known that carbon

dioxide is a stimulant to this center, as may be seen when the breath is voluntarily held until unconsciousness supervenes, when automatic respiration is resumed because the excess of carbon dioxide acts as a stimulant to the respiratory center. Can it be that the sudden production in the tissues of a great amount of waste matter (principally carbon dioxide) by the furious convulsions could have overwhelmed the center, and that gradually this carbon dioxide had been thrown out of the system by the interchange of oxygen and carbon dioxide in the lungs, which were supplied with sufficient oxygen by the persistent artificial respiration until the center itself, stimulated by atropine and strychnia nitrate, again took up its normal function? Will some of you who are physiologists give an explanation?

WOUNDS IN THE DEAD BODY.

W. C. Jamison, M. D., Fairmont, W. Va.

(Read at annual meeting of State Medical Asso., June, 1906.)

In taking up this subject of wounds in the dead body, at once it resolves itself into a medico-legal question, and for a medical man to be called upon to give expert testimony on this line, he should have considerable experience in post-mortem work. I must confess that I have not had sufficient experience in this line of work to give this society anything new—but am glad to say to you that I have been able to look up or examine this subject in *Legal Medicine*, and find that we may be able to tell or distinguish between wounds inflicted before or after death—that is, on the dead body.

Wounds found on the dead body, such as incised, punctured, contused, lacerated, gunshot and poisoned, as well as all forms of subcutaneous wounds, which are unaccompanied by breach of skin, are very difficult in a majority of cases, if some time has elapsed before the body has been examined, to distinguish or diagnose from wounds inflicted on the living body. To make a diagnosis between a life bruise or wound and a post-mortem hypostasis or congestion, we should make an incision through the skin. In a life wound or bruise the true skin is red and blood-stained, and if an incised wound, will in a manner be closed, as extravasation of blood has occurred in the subcutaneous tissue; but in a post-mortem or wound inflicted after death the wound will be found to be more gaping. The hypostasis and discoloration are more superficial; moreover, all wounds inflicted after death generally discolor rapidly around the edges, and acquire a dry, brownish, parchment-like appearance, with edges flabbily separated.

I will submit a table by Tidy on *Legal Medicine*, showing the points of difference between vital ecchymosis or bruise and a post-mortem ecchymosis or lividity.

First—Bruise produced during life.

The effusion of blood, from small ruptured vessels, into the true skin, and the surrounding cellular, or areolar tissue.

Post-mortem Ecchymosis.

Congested capillaries in the rete mucosum, and vascular tissue, above the true skin.

Second—Position.

That is, the seat of the injury.

Post-mortem.

Such dependent parts of the body as are not subjected to pressure.

Third—Appearance.

The bruise will often be noted to have the shape of the instrument that inflicted the injury. Its color not generally uniform—the bruised part is often elevated above the surrounding skin.

Post-mortem.

Irregular in shape but well-defined edges—the color uniformly dark, but not elevated above the skin.

Fourth—Extent.

More or less limited to the parts injured.

Post-mortem.

At first stain appears in isolated patches, rapidly running together, more or less over the whole of the dependent portions, except those parts subjected to pressure of the surface on which the body rests.

Fifth—Results of incisions.

Effused blood at once flows from the cut.

Post-mortem.

No effused or coagulated blood escapes, although, perhaps, a few bloody points, where the veins have been divided, may be apparent.

Sixth—Changes by time.

The dark purple bruise, after eighteen to twenty hours, or sometimes as late as two or three days, becomes highly tinted at the

edges, and of a more or less violet color. After this, the color of the bruise passes through various shades of green, yellow and lemon—the center, however, always being the darkest part. During these changes, which are dependent on the oxidation of the effused blood, the spot enlarges. The changes are complete in times varying from a few days to some weeks.

The color remains tolerably constant until decomposition sets in. No zones of color form around the edge, such as occur in a life bruise or wound.

Selections.

OPSONINS IN THEORY AND PRACTICE.

It may not be amiss at this juncture, when the work of Professor A. E. Wright is beginning to be appreciated in this country, to review in as simple a manner as possible, the theoretical basis upon which it is founded. Wright's one great achievement is not the formulation of a new theory, but the discovery of a method by which many subacute and chronic diseases caused by bacterial infection can be conquered. That is to say, the theory of opsonins really occupies a secondary position as compared with the practice of curing infectious diseases by artificial bacterial autoinoculation according to the directions which Wright and his associates have prescribed.

Brought to its simplest terms, Wright's theory of opsonins holds that an individual's serum contains, among other protective substances, one, opsonin, which acts directly upon pathogenic bacteria in such a manner as to prepare them for destruction by the protective body cells or phagocytes. Opsonins are assumed to be specific, as for example, one for the pyogenic staphylococci, for the streptococcus, the tubercle bacillus, and so on. When present in normal amount and when the free circulation of the serum containing opsonin is in no way impeded, pathogenic bacteria fail to excite morbid effects. But with a lowering of the blood serum's opsonic power against a given bacterium or through failure of the serum to reach a certain focus, the characteristic disease of that particular bacterium may occur because of the inability of the phagocyte to envelope and destroy it, this failure arising from no lessened activity or power of the phagocyte itself, but because the opsonin does not act upon the bacterium with sufficient energy to prepare it for destruction by the protective body cell.

By mixing in glass, under laboratory conditions, washed leucocytes, an emulsion of a certain bacterium, and the blood serum to be tested, according to directions which Wright and his followers have freely published in the medical periodicals of Great Britain, one may evaluate the opsonic power of that particular serum against that particular germ. For the leucocytes, washed free from serum will not ingest the bacteria; and the number of bacteria taken up in a given number of leucocytes in the presence of a certain serum, indicates a measure of the opsonic value of the serum under observation. The capacity of a serum to produce phagocytosis is spoken of as its phagocytic index, and a comparison of the phagocytic index of one serum with another or several from presumably normal individuals, gives the so-called opsonic index. It is the determination of the opsonic index that forms the basis upon which Wright gets his indication for treatment, and in the course of treatment graduates the dose of the bacterial virus and its repetition.

It has been found that in case of a low opsonic index a pathogenic bacterium, particularly one belonging to the group of pus producers, the index can be raised by the subcutaneous injection of a relatively small dose of the corresponding germ; and not only does the opsonic index as ascertained in the laboratory test rise, but the increased resistance against that germ is shown by a condition of general well being, and an improvement in whatever local lesion the microbe may have caused. Repeated at proper intervals and in correct doses, this preparation of the corresponding germ is capable of curing the subacute or chronic infection induced by it. To these bacterial preparations which consist essentially of the suspended bodies of the micro-organisms, heated just sufficiently to insure their death, and preserved with a chemical germicide like lysol, Wright has given the name "vaccine," which is somewhat unfortunate, since the term has been used to designate the virus of smallpox and cowpox, and also to describe other bacterial preparations used by methods entirely different from those

called for in opsonic therapy. For the present, however, we may accept this term and understand that the vaccine of the opsonic treatment is a small dose of an ascertained number of dead bacteria, the microbe being a "corresponding" one, that is, identical in species with the one producing the infectious condition under treatment; or better still the autogenous one, obtained directly from the patient's lesion and reintroduced for curative purposes.

Daily tests of the opsonic index following the injection of a bacterial vaccine show that there is at first a falling in opsonic power of the blood serum, this being named the negative phase by Wright, which is succeeded, after an interval of hours or several days, with an increased opsonic index constituting the positive phase. A practical rule of apparently prime importance is not to reinoculate during the negative phase, but only to intervene when the index is again tending downward after the positive phase. Clinically one can recogize these fluctuations in opsonic power by the constitutional depression in the negative phase with the aggravation of the lesion, and the improved tone of the positive phase with betterment of the local condition. By repeating the proper dose of bacterial vaccine at the right intervals (averaging seven to ten days) a successful result witnesses a progressive rise of the opsonic index to a maximum and sustained point called the "high tide of immunity," and with this a perfect recovery of the patient.

As for the diseases amenable to Wright's method of bacterial inoculation, it appears that the most suitable are subacute and chronic affections induced by those bacteria which are actively or passively pyogenic like the staphylococcus, streptococcus, pneumococcus, gonococcus, colon bacillus; and fortunately present promises indicate that some at least of the ravages of the tubercle bacillus will yield. It requires no great stretch of imagination to conjure a list of morbid medical and surgical affections which are embraced in the prospective field of opsonic therapy, and if present promises hold good, it is not too much to predict that Wright's discoveries have opened a new territory of therapeutic conquest more extensive in its scope than that of any single advance in the science and art of medicine. —Editorial in *Ohio State Journal of Medicine.*

THE TREATMENT OF BURNS.

L. S. Oppenheimer (*N. Y. Med. Jour.*, Sept. 29, 1906) says:—

The cardinal prerequisite in the treatment of burns is to relieve pain and shock. If the injury is not too extensive nor too deep, this will be accomplished by the dressing. A burn is practically an aseptic wound; hence, if friends have not infected it before the arrival of the physician, he will apply the dressing with a view to more or less permanency.

The burned area is first thoroughly painted with a 1-per-cent. (5 grn. to the ounce) solution of picric acid, applied with a cotton swab, gauze mop, clean feather, or soft brush; three or four thicknesses of gauze are snugly applied and held lightly in place with a gauze bandage. Or, in the milder cases, the bandage may be applied directly to the skin. These are saturated with the picric-acid solution. The pain is controlled at once in superficial burns, and is materially relieved in the more profound ones. Healing takes place within forty-eight hours in most of the former cases, no further dressing being required.

If the pain returns or the parts feel very uncomfortable, the dressing is kept moistened with a 0.5-per-cent. solution. No other dressing in my experience alleviates and heals so rapidly and universally. I advise families to keep a 1-per-cent. picric-acid solution and gauze bandages always on hand. In the various electric-power houses and factories where burns are common, over which I have surgical supervision, I have installed small emergency cases, in each of which are two 40-grn. picric-acid powders, with directions how to use. The bed clothing and clothes should be protected against intense yellow stain; ammonia removes it from the hands.

It is not good practice to open blebs or blisters early; it not only invites infection, but healing is retarded. In some cases, where the burn is slight and the blister thin, an early puncture allows the epidermis to adhere to the cutis, similarly to a skin graft. Frequent changing of dressings is inadvisable, except for apparent reasons.

When an ointment is indicated, one of the following will be found excellent:

℞ Ichthyol ----------ʒj
Boric acid----------ʒss
Alum ----------gr. x
Lanolin ----------ʒj
Petrolatum, ad----------℥j

Apply directly to surface.

Or:

℞ Bismuth subnitrate ----------ʒj
Menthol ----------gr. ij
Salicylic acid----------gr. ij
Boric acid ----------gr. xx
Simple ointment, ad----------℥j

If any oil or pasty substances have been applied, gently wash away what you can with benzin and 1:2.000 bichloride solution, but saturate your picric-acid dressings before applying.

If picric acid is not at hand nor promptly attainable, the attendant will act on his olden time "exclude the air" or home treatment hypothesis, and cover with linseed oil and lime water, castor oil and carbolic acid, flour, ice water, fresh cream, solution of sodium bicarbonate, egg albumen, or alum curd (a lump of alum beaten up with white of egg).

If the pain or shock is great, or the burn deep or extensive, do not wait to dress the wound; administer a hypodermic injection of morphine or diacetyl-morphine hydrochloride, which is heroin (I use the latter), with strychnine or adrenalin (I prefer the latter). Remember, many of these cases die from pain and shock without evincing external manifestations of their magnitude. Death is not necessarily due to the extent of the surface involved *per se.* Relieve shock and pain promptly and heroically. In relieving small children of their pain you will not lose sight of the danger of opiates, but you must relieve.

To hasten the separation of necrotic tissue, warm, moist, saline, antiseptic, slightly astringent dressings are applied for a few days; then dry dressings are used as indicated, the moist dressing being reapplied as required. In removing adherent dressings great patience and care should be exercised, especially if the surfaces bleed easily. Moisten with hot 1:2,000 bichloride of mercury solution, then drop hydrogen peroxide on the adherent portions.

If the wounds become septic, or evidence of sepsis develops, treat the conditions exactly as you do those from other causes. Control the saprophytic or coccic foci by dissecting away necrotic structures as far as you can, and applying hot antiseptic astringent dressings, and giving quinine, strychnine, and purgatives.

A parting word: Do not pin your faith on carron oil.—*La Tribune Medicale.*

THE PHYSICIAN AND THE NOSTRUM.

Edward Bok, Philadelphia, Editor of The Ladies' Home Journal.

(Read by invitation before the Philadelphia Co. Medical Society, Del. 12, 1906.)

* * * * *

Every man knows that the life of a nostrum depends on publicity, and one of the first things we did in our fight was to see to what extent the press could be persuaded to close its columns to the advertisements of "patent medicines." It was not easy, for the business office of a paper or magazine is very powerful. Yet to-day scarcely one of the reputable monthly magazines will accept a "patent medicine" advertisement, and the same is true of the prominent weeklies. The best of the farming papers are to-day immune from this advertising. Pressure is being brought on the religious press that will soon result in a general clearing up of those papers. Progress with the daily newspapers has been slower; still, there are forty-three daily papers, large and small, to-day that will not accept "patent medicine" advertisements. Now, gentlemen, remember that such a step means a great deal in the revenue of a periodical. I know a magazine that could easily increase its advertising revenue six figures a year if it accepted "patent medicine" advertisements. I have no doubt that if the New York *Times* and Philadelphia *Ledger* admitted this business these two papers could increase their revenue by at least $50,000 a year. Many of these papers and magazines have taken this stand on principle; others because of the pressure brought on them by their readers. The public at large has been writing to its newspapers insisting that those advertisements shall stop; the church people have been writing to their papers; the farmers

have been writing to their papers—all classes of the public have been busy; all classes, gentlemen—except the physicians.

Look at your average medical paper—reeking with the advertisements of proprietary—so-called ethical—preparations. And not only advertisements, but reading notices palpably intended to deceive. The very class of papers that should have been the first to cleanse their pages is to-day the last to make even a move in that direction, and stands to-day, in this respect, as a discredit to honest journalism.

Now, what is the result? I go to the publisher of a newspaper and ask him to clean his columns of "patent medicines," and he points, as he has done in many cases to me, to the medical press. "Why, man," he argues, "these preparations can't be so bad as you fellows make out, or they wouldn't be advertised in these medical papers. These medical publishers know better than you do what is good and what is bad in these 'patent medicines,' and what they allow to go into their papers I guess we can safely stand for." That is why it is so important that the medical press should be cleansed of these advertisements; it is in the influence, the example that they exert on the lay press, and it is an argument on the part of the lay publisher that is very difficult to combat. It is this argument that again and again is used by lay publishers in writing to their protesting readers, and then these readers send the letters to me and ask, "Is this true? Are these advertisements permitted in good medical papers?"

Now, you know that it is true, and you know also that it should not be so, and yet what have you, physicians, done to stop it? You have, in your societies, passed resolutions, a very easy and comfortable thing to do and about as ineffective as it is comfortable. I have myself seen these resolutions received by the medical publishers, and disposed of with a grin—in the waste basket. But what have you done as individuals? For let me tell you, as an editor, that the editor or publisher of a paper of any kind is mighty sensitive to the individual protest of his readers. When letter after letter comes in harping on the same subject, take my word for it, that editor or publisher is going to sit up and listen. Those letters are from the people on whom he depends for his support, and he is not turning a deaf ear to the source of his livelihood.

Let me give you an illustration of how this works. One of the most prominent daily newspapers began to get letters from its readers objecting to its "patent medicine" advertisements. The first few letters made no impression on the publisher, but as they kept coming in he realized that he had to make some sort of a show of being good. So he declined the most flagrant. When this fact became known to one after another of the "patent medicine" manufacturers, they argued that if this newspaper found it necessary to trim its sails to appease the public, it was idle for them to advertise at all to a public in that state of mind. So they stopped, and they have stopped so effectively that the publisher of another newspaper, which readily takes any "patent medicine" advertising it can get, told me a few weeks ago that, while his paper had carried in the first eight months of 1905 over sixty-two thousand dollars' worth of "patent medicine" advertising, this year for the same eight months he had carried eighteen thousand dollars' worth. That is what can be done.

Now, while the people at large have been busy with their papers, I have not heard of a single well-ordered and coherent movement on the part of the medical profession individually to do the same work with its papers. You have talked beautifully, but what have you done? The best proof of the fact that you have done practically nothing is shown in the condition of your papers, and yet, gentlemen, it was your duty, more than the duty of any other body of men to do this. It is no excuse to say that physicians are too busy. There are men in other professions just as busy as you are. You have been inactive. You have allowed us laymen to work with our papers while you have sat idly by, or made desultory attempts, where you should have taken a vigorous individual stand and stopped it. And you can stop it if you make the honest effort. You are supporters of these papers; without you they cannot exist, and on you, directly and solely, rests the responsibility of the present situation that we as laymen can scarcely go any farther with compelling the cleansing of our papers so long as those papers can point to the medical press as its companion in perfidy.

You have two ways open to you:

Either insist as subscribers and readers

that these papers shall cease these advertisements:

Or stop, as physicians, prescribing these medicines yourselves and thus make this advertising unprofitable. Or both.

And this brings me, naturally, to my second point: your direct co-operation with the "patent medicine" curse—a co-operation that I confess, gentlemen, is nothing short of appalling. I give you my word for it that as one result of my investigation of this question there has come to me an amount of evidence as to the unintelligent prescription of secret proprietary medicines on the part of physicians that, if published, would tend to cause an amount of unrest and distrust on the part of the public that is mighty unpleasant to think of.

It is not for me, gentlemen, to diagnose the reason why physicians habitually prescribe proprietary preparations. Several of your own writers claim because it is easier; others because physicians are lazy, and still others that your medical colleges do not adequately teach the writing of prescriptions. I do not know, for I am not competent to say, but what I do know is that this prescribing of these preparations seems to be on the increase to an alarming extent. Your own Dr. Jacobi says that in twenty-five years the percentage has grown from one in fifteen hundred prescriptions to 20 and 25 per cent. He also says that in a single New York drug store investigation showed that "70 per cent of the prescriptions sent by reputable physicians contained either nostrums, pure and simple, or as a part of a compound." Dr. Billings, of Chicago, says that in his city the records of one drug store showed 42 per cent of the prescriptions prescribing proprietary medicines, and in another 50 per cent. In Boston, 38 and 48 per cent.

Now, gentlemen, I will not gainsay that there are good proprietary preparations and that a physician, after a diagnosis of a case, and knowing his patient, and being fully aware of the exact ingredients in such an ethical preparation, is perfectly justified in prescribing it, if he feels that it meets the conditions of that case. Whether such a course is detrimental to scientific medicine is for him to settle with himself.

But there is a time when he is not justified in such prescription, and when he closely borders on the criminal line, and that is when he prescribes a preparation of which he either does not know the ingredients or, what is even worse, when he has erroneous information as to those ingredients.

And yet this prevails to-day in the medical profession, and prevails to an extent that is almost impossible of belief to the layman. When I heard the first mutterings of this condition of things I gave it no credit. While I knew that physicians were human and made their mistakes in common with us all, I could not believe that they could make *that* mistake. But instance after instance came to me until I could no longer turn aside, and I determined to find out. And recently I did.

Conditioned that I should not reveal my source of information, nor give names of remedies or physicians, I was given an opportunity to examine 100 prescriptions that had been filled. Of those 100 prescriptions, 42 prescribed a proprietary drug or article in part or in whole. I selected 30 of these, and called on each of the physicians who had written those prescriptions. Now, gentlemen, those physicians were men of excellent standing, some very high in their profession, and how many of those 30 physicians, would you say, gave me an accurate, or anything approaching an accurate, analysis of the ingredients of the nostrums which they had prescribed? How many? *Two,* gentlemen, *two* out of all the thirty! The rest either did not know, or—what is even more dangerous—thought they knew when they did not.

One of these prescriptions called for a certain headache remedy, given to a woman who was in an exhausted condition, who had weak heart action, and who, having read of the dangers of headache remedies, did not trust her own judgment, and called for her family physician. He gave her a remedy, saying that he knew it to be harmless, that it was entirely free of the powerful drugs of which she had read. Within a half hour of taking the remedy the woman's lips began to get blue, she went into unconsciousness, and it required all that two doctors could do to bring the woman back to consciousness. The remedy contained 61.5 per cent of acetanilid! The physician, when I saw him, showed me his proof on which he had based his knowledge, the statement of the manufacturers, whom he said were reputable people!—a statement, as I happen to know, written by a man who never went to a medical college, a man

whose word every physician would scorn to accept did he know him. When I showed him my analysis he was dumbfounded, and confessed he hadn't known. *But, gentlemen, he should have known. It was his duty to know!*

Another prescription called for a certain tonic that the physician told me was one of the most reputable tonics known to the profession; its ingredients of quinin, beef and iron were universally known and nearly all physicians prescribed it. One of its greatest virtues was, he told me, that it was non-alcoholic. I proved to him that the tonic did not contain even a trace of beef or iron, but that it did contain 22 per cent of alcohol. He could not gainsay my authority; he was surprised and confessed that he had not known. *But, gentlemen, shouldn't he have known?*

One of these prescriptions gave to a child a remedy calculated to soothe its restlessness. It did so, so effectively that the parents changed their physician, went to another, who prescribed another remedy, and the child lay in a stupor for two hours. I saw both of these physicians; they confessed to me that they did not understand the case. But I did, gentlemen, for both of these physicians had given that child morphin concealed in "ethical" proprietary preparations, and when I proved this to them, they were amazed and confessed they hadn't known. *But, gentlemen, should not a physician, prescribing for a child, know?*

Five of these prescriptions called for a certain tablet supposed to build up the system in extreme cases of weakness and especially given to women at certain periods of physical drain and exhaustion. All of the physicians assured me that these tablets were among the few ethical preparations that could be absolutely trusted, and each showed me a printed formula of their contents. These tablets, I was told, contained among other things iron peptonate, two purely vegetable compounds, and extract of nux vomica. "The best on the market," said one of these physicians to me. As a matter of fact, those tablets contain not the slightest trace of iron peptonate or nux vomica, but do contain two principal ingredients—starch and liquorice! And yet, gentlemen, these same tablets, I have learned from careful and authoritative sources, are to-day being prescribed by a large number of the best physicians of Philadelphia, and when I have asked several of them on what authority they were accepting their ingredients I was shown a printed formula by the manufacturing concern!

Some time ago, finding it necessary to know about a certain nostrum advertised to the public, and having no time to make an analysis, I consulted five physicians in order to reach a necessary decision. All five physicians told me that the preparation contained a dangerous amount of cocain in it; that it was well known for containing that ingredient. I made my decision—only to find that I had made a wrong decision. The preparation contained not a trace of coca or cocain and never had. *Gentlemen, these physicians did not know. But they should have known, or else not have said what they did.*

And so I might go on; not isolated cases, not a case here and there, but a condition that is dangerously general.

Now, what is the result? The physicians are doing precisely what we are asking the people not to do: not to use these "patent medicines," because they do not know what they contain. What *effectiveness* can I make to such an argument when people write to me by the score citing instances of revealed ignorance on the part of the physician of the preparation which he prescribes, and rightly say to me, "How do you explain this?"

Can I explain it, gentlemen?

Dr. Jacobi calls this practice not far from criminal, and I would rather have him say it than say it myself. But it is a mighty serious condition, and nothing confronts us laymen in our fight so insurmountably as this argument that can be advanced against the medical profession.

We are trying to separate the public from the nostrum, and have in a measure succeeded. But what are you doing? Now, let me bring this question home to you—home to the physicians of Philadelphia Are you aware of the fact that this practice of prescribing nostrums has so insidiously grown on you that while in 1905 an examination of several thousand prescriptions written by Philadelphia physicians showed 41 per cent to call for "proprietaries," this year, so far, the average shows 47 per cent? Are you going to do more and more each year what we are asking the people not to do? If you are going to pre-

scribe "patent medicines," why should the layman pay your fee as a physician in addition to the cost of the medicine which he can buy himself? We are preaching to the public to stop the nefarious habit of self-doctoring, but physicians, by such methods as these, are driving people to doctor themselves, driving them to the quacks and the charlatans. There is no question that the whole practice has grown out of thoughtlessness. But has not this thoughtlessness gone far enough?

Evidently, gentlemen, the Council of Pharmacy and Chemistry of your national association was created none too soon. But even without access to the analysis of the council, the physician has no excuse. Opportunities are open to him to learn the ingredients of the medicines he prescribes, and if he has no time to find out he has no right to prescribe what he does not know.

And so, gentlemen, you who should be with us laymen in our efforts to stamp out this evil, are not only making our fight the harder, but you are actually hindering us. We look to you for help, as I think you will agree we have a right to do in our effort, and what do we get from you?

Unctuous words, but unclean hands.

Now, I ask: Is this fair? Is it playing the game, gentlemen?

You are here to-night to discuss the question of the suppression of quackery, but it seems to me you have chosen the wrong topic. Your question should be the suppression of the *physician* in his *aid* of quackery.—*Journal of the American Medical Association.*

THE MAN WITH WHOM YOU MUST LIVE.

Talk to Young Physicians.

A. L. Benedict, M. D., Buffalo, N. Y.

Some one has said that everyone should try to live in the society of his superiors and some one else has asked what would happen if the said superiors should, themselves, adopt the same rule. In a broad sense, however, every man is, at one time or another and in one respect or another, the superior of every other man. It does not seem wise, certainly not a generous policy, always to seek the society of those who can help us and yet, in the long run, it is both wise and just to select associates who will draw us upward rather than downward. Every man has one associate whose society he cannot avoid, with whom he must spend more time than with anyone else—*himself.*

* * * * *

It is scarcely necessary to state that this man with whom we must spend the greater portion of our lives, ought to be decent and honorable. We do not want to be tied down to the society of an abortionist, for example. Very early in your professional career, you will be asked to do an abortion The request may come from a prostitute or a woman who, without mercenary motives, leads a rather promiscuous sexual life. Such a woman has already had so many abortions that she thinks nothing of them; if she cannot induce you to perform the necessary operation, she will go to this or that other physician, perhaps naming one of good standing and repute. At any rate, as the abortion is going to be brought about anyway, you might as well perform it. Or, the case may be the one of melodrama or of the sexual morality lecturer or of the novelist: the innocent girl betrayed and struggling to maintain her reputation. Her argument is still more cogent and eloquent. There is nothing that you can say to her that she does not know and realize to be correct on general principles but, in regard to her particular case, there is not an argument or an appeal to conscience or a cold-blooded statement of practical danger that she cannot meet with a better, stronger and more eloquent plea. Or the request may come from some respectable married lady, of wealth and influence, who has nothing to fear as to reputation but who, as a matter of health, or convenience, or economics, or whim, wishes to limit her offspring. The request may come from some male acquaintance, perhaps your former chum, who is up against it—it may be his fiancee is involved or some other girl, when his wedding day is already set. Perhaps the request comes from some older man or woman, to whom you have looked upon for years as an adviser, a model of good morals, an active church worker, a professional colleague.

From whatever source the request comes, bear in mind two important facts: You do not need to explain the iniquity of an abortion nor its serious risk; everyone who has any sense at all, realizes these points. Neither can you summon any logic or elo-

quence that can equal the need and the earnestness of the person who wants the abortion performed. One more fact may be stated; an abortionist who is aseptic and not too clumsy, can enjoy a lucrative practice, with very few deaths, and the man who refuses to perform abortions will lose a good deal of practice and will make enemies of many influential persons.

Now, having these facts clearly in mind, make up your mind that you will not perform your first abortion, refuse to discuss the matter with applicants, and stick to your principle,—which is simply a corollary of the sixth commandment,—regardless of financial losses. It isn't pleasant to live with a murderer, however successful his practice; and, besides, the professional murderer is bound, sooner or later, to be found out.

Abortion is about the only out and out crime to which the physician is particularly tempted. You will read in detective stories of physicians who administer poison to assist in securing life insurance, who run slender needles in the medulla oblongata in order to hasten the execution of wills, who chloroform disagreeable relatives, or who prepare cultures of cholera spirilla to bring about a change of political regime. But, whereas any physician, however good his standing, will be importuned to perform an abortion, every few months, the average physician will never in his life, be asked to perform post-natal murder. Neither will he, more than any other man, be sought to perform other gross crimes.

You will, however, probably be tempted to do many acts that, while not strictly criminal nor in gross violation of divine law, are unethical and dishonorable. If you are a religious man, don't imagine that you can live simply with the idea of getting into heaven. According to the very best authorities, a great many very disagreeable, mean and narrow-minded individuals are sure to go to heaven, and you don't want to spend your earthly existence with such a one, even if he will finally be renovated.

First of all, let us consider out-and-out quackery. There is nothing essentially sinful in having a large sign or in mailing cards, dodgers and almanacs to persons whom you do not know, nor in paying for newspaper advertisements, nor in bragging about yourself as wonderfully gifted, nor in making a partnership with some fancy name. All of these mthods are used in other businesses. Some are, in and of themselves, perfectly straightforward, others are merely the harmless exaggeration and distortion of the literal truth, that people expect and discount in advertisements. Why are they unethical? Let us answer this question with another: Why are you tempted to resort to them? Because you expect they will increase your trade? Because most physicians are too gentlemanly to employ them. There you have the gist of the whole matter of ethical objection to quackery. It is not that any one means of advertising is, of itself, sinful or dishonorable, but merely that the man who resorts to these means is competing unfairly and is relying on the fact that the majority of his opponents are too honorable to resort to his own tactics. The quack is like the man who looks at his opponent's hand in a game of cards, like the pugilist who strikes a blow when his opponent is giving him a generous chance to recover himself, like the man who slips into a seat in a crowded car that the man ahead of him is offering to a woman. Don't tie yourself for life to this kind of a companion, rather pick out an honest thief or square burglar.

However, if you are going to be a quack at all, at least be honest enough to proclaim yourself as playing an unfair game. Don't compound your dishonesty by pretending to be ethical. If you want newspaper advertising, pay for it like a man, don't pull the legs of editors and reporters for puffs. Or, at least, don't be a hypocrite of the third degree who gets his assistant to look after the press notices and then proclaims to his students and colleagues that he hates newspaper notoriety; who directly sends word to the papers that he will operate on a rare case at the clinic, and then makes a sensation that will certainly invite public comment, by ejecting the reporter. It is unpleasant to live with an openly unfair man, it is worse yet to live with a second or third degree sneak.

Just a few words about sexual morality. Without regard to abstract right or wrong, human experience has shown that anything approaching free love is incompatable with either advanced savagery or civilization, although in a very low state of savagery or in a state of barbarism with virtual or actual slavery for part of the people, various phases of free love or, at least, polygamy,

may exist. But it is a crude, hard fact, that in any large community, there is very nearly one woman to each man, and that whenever the stress of living is great enough to make the life worth while, the necessary effort of taking care of the weaker and dependent part of the race will not be made, unless the average man is sure of his own wife and his own offspring. It is true that a great many persons are too weak to resist temptation, and that peculiar circumstances and, especially, the application of excellent general laws to exceptional cases, do occasionally almost seem to justify the violation of the general principles of sexual morality. But society can exist only as these principles are generally adhered to. However, as a man, you must observe or break these rules according to your own understanding of right and wrong. As a physician something more is expected of you. The Hippocratic oath fully covers the ground. It is one thing to be morally bad, as a man; quite a different matter to take advantage of the peculiar trust imposed in you as a physician. If you are going to play this game, at least play it fairly, against a woman fairly armed to resist you, mature enough to judge for herself, and with no sense of obligation to you for favors of employment as your assistant in any capacity, and not disposed to yield to you by reason of a confidence or affection due to your professional ministrations.

The gross violations of morals have no special relation to medical practice, but there are many little ways in which this life companion ought to be trained. Don't live with a man that has a petty, jealous disposition. If you find that it hurts your feelings to learn that a friend is sick and has employed some other physician; if some one praises a rival and you have to pull hard to get up kind words from your throat; if the news of another physician's downfall comforts you, go and kick yourself until you are cured, otherwise, eventually, others will kick you.

Don't be narrow. There is something seriously wrong with a physician who is simply an appendage to a sign and an obstetric bag. You should always be advancing in your chosen art and science, and, unless you are so unfortunate as to justify the most modest estimate of yourself, you should be a producer, as well as a consumer of medical knowledge. Be both a user and a maker of medical societies and medical journals.

However broad a physician a man may be, he is narrow if he remains only a physician. A thoroughly well rounded man must be mediocre in everything, but every man should have at least one hobby, intellectual or social, selfish or philanthropic, outside his life work. We cannot all be a poet like Holmes, or a genealogist like Stiles, or a musical composer like Hemmeter, or a novelist like Doyle, or an executive or politician like Wood. But be something or do something, however humble and useless, so that you will know somebody besides those who are sick.

In short, spend your life with a man who is not only a fairly good and conscientious doctor, but a decent man, a gentleman and, not necessarily a scholar, but an active, interesting fellow.—*Medical Fortnightly.*

THE PHYSICIAN AND THE MEDICAL SOCIETY.

A. J. Lawbaugh, M. D., Calumet, Mich.

(From presidential address to Michigan State Medical Society.)

* * * * *

Books and journals, while having their place, do not give that subtle something which comes from the friction of mind with mind and the interchange of practical experience. To my mind a most potent means for the physician once out of college to "keep up," to be refreshed and to acquire progress in medicine, is by membership and participation, mind I say *participation,* in a good, live, medical society. As Dr. Osler very aptly puts it: "Fie upon the man who knows it all and gets nothing from the society, and hence does not become a member! He reminds one of that little dried-up miniature of humanity, the premature senile infant, whose tabetic marasmus has added old age to infancy, and hence from beginning to end amounts to nothing in this world. Why should he go to the society, and hear Dr. Blank on the gastric relations of neurasthenia, when he can get it all and so *much* better in the works of Einhorn and Ewald? It is a waste of time, he says, and he feels better at home; and perhaps that is the best place for that type of man, who has reached this stage of intellectual stag-

nation." Many of us know just such doctors among our professional brethren. I say this because I believe the sober judgment of the profession will bear me out in the assertion.

When a young man begins the practice of medicine, there is a "sit and wait period," which should be most zealously employed in preparation for the time of greater professional activity which should normally follow. From this patientless beginning up to the time and including the so-called "eighty visits a day man," there is constant need of study and work if one is to keep up with the tremendous strides in medicine, unless one is of such great wisdom that it is a waste of time and money to buy books and journals and in reading the same, giving as evidence that his death certificates are no more numerous than the one who thus employs himself.

I am not sure but the busy and successful practitioner needs the help of the medical society more than the fledgling. It is from journals and books and in the medical society that knowledge and familiarity with what is new in medicine must be learned, and wise is the doctor who early discerns that a membership in an active medical society is one of the best means of keeping in touch with the *best,* both in *science* and of *men,* that is worth knowing in his profession. As Professor Osler says, "The society should be a school in which the scholars teach each other," and there is no better way than by the demonstration of the more unusual cases that happen to fall in the way of every physician.

Why is it that a large majority of all practitioners are not members of the medical society? "Dr. Simmons, editor of the *A. M. A. Journal,* estimates that there are 77,000 physicians in the United States who do not belong to any medical society whatever. In part this is due to the apathy of the officers, and failure to present an attractive program, but more often the fault is in the men." Perhaps, given over wholly to commercialism, a doctor feels it a waste of time to join a society, and that he might miss a call while attending a meeting of the society. This applies to the one in the profession who is in it only for the money he can get out of his patients, without regard to the sacred obligation to put himself in the best position possible to do the best that is known for them.

It should be an approbrium to anyone of us to be known in our community as a "dollar doctor;" but rather to be known, loved and mourned as Dr. William MacLure of the Glen, when the text chosen for him was, "Greater love hath no man than this, that a man lay down his life for his friends."

Returning to the platform of the Old County Society in Connecticut, I quote: "A foundation for the unanimity and friendship which are essential to the *dignity* and usefulness of the profession." What better statement could we make now than was written more than a hundred years ago of the dignity which our profession would hold before the public, and its usefulness as well, did the profession possess the unanimity and friendship here spoken of? It seems but necessary to mention to recognize the value.

How often do we find that the man whom we thought, from rumors of disgruntled patients, or envy of rival practitioners, to be a man of "hoofs and horns," in reality, when we come to meet him personally, is a gentleman, both professionally and socially, requiring the clearing house of the medical society, where we not only acquire new medical knowledge, but also a better and higher opinion of our fellow practitioners. How hard it is to believe evil of those whom we know best, and how slow we are to believe slander and gossip about those with whom we are well acquainted. Acquaintances engender knowledge and sympathy. "Sympathy reveals community of interest, community of interest fosters organization, and organization brings power and influence;" and this brings another phase of the use of a medical society, namely, its relation to and influence on the community.

We have a duty to our patients, but we have a duty to the community in which we live, not only as physicians, but as citizens. Individual and organized effort have been eminently useful in guiding and influencing public sentiment in sanitary matters, in milk supply, in showing the folly and danger in the use of patent medicines, in education in our public schools, and in many other public and municipal matters, and every medical society should be active in such matters for the public good.

I quote you the following as a worthy precept and guide: "The true physician

should be a gentleman of broad culture, learned in the basic sciences on which modern scientific medicine is founded, availing himself of all means within his power to advance his knowledge, to test his conclusions, and protect his patients, to be so educated and so conduct himself as to compel the citizen to distinguish between the high-minded members of the profession and the quacks, to support wise measures for the public good."

Many physicians still fail to realize the importance of this unity of effort, and the good that must eventually come from it, not only to ourselves, but to the community. It is the physician's duty not only to be a good doctor, but would he exercise the influence he ought, he should extend his culture, and make himself an intelligent force, a force which exercised through an organized body of medical men is bound to make itself felt. It is my desire to impress the fact that to know one's business may not be the whole duty of the medical man; it is *not* the whole duty of the cultivated physician, *not* the whole duty to himself, not to the standing of his profession before the public.

For our welfare it behooves us as members of a learned profession to prevent any possiblity of our descent to the level of a trade. But let not the thought be lost sight of that the duty of the physician, first and foremost, is to perfect himself in his knowledge of medicine, and while the laborer is worthy of his hire, yet we must not subvert all good work merely for the purpose of gaining the "dollar."

In conclusion, I would earnestly urge upon all the necessity of giving faithful support to medical societies, impressing thereby upon the community our loyalty to our colleagues and a desire to benefit our fellowmen.—*Journal of the Michigan Medical Society.*

A discharge from the umbilicus may be due to an infected dermoid cyst, to an eczema of the umbilicus, to a patent urachus (urine), to a cyst of the urachus (milky discharge); it may be of pus from an abscess within the abdomen or in the abdominal wall, or of feces (Meckel's diverticulum, perforated strangulated hernia, fecal abscess from tuberculosis).—*American Journal of Surgery.*

CONTRACT PRACTICE.

The subject of contract practice has for years been a fruitful source of discussion and yet the practice continues to grow, lowering the dignity of the profession and keeping light the pockets of its members. This absurd and unbusiness-like custom was inaugurated first by railroads, insurance companies and infirmary directories, who had the keenness to discern that some physicians would prostitute the profession by working for little or nothing, so long as they thought they were gaining publicity by it.

The shrewd business man patted the good doctor on the back, told him what a prestige it would give him if he could sign his name as surgeon for the X. Y. Z. R. R., and "if you will do our work we will give you a pass over our lines." The doctor took the bait and felt elevated above his brethren. He seemed never to think that they paid a man for tamping the ties and gave him a pass. The honor (the pass) was just the same in each case, less the money, which went to the section man. The same principle holds in some insurance companies, contracts for outdoor poor, societies, and clubs organized for the purpose of getting cut-rate medical service. Railroads, factories, mills and societies throw these "jobs" at us in about the same manner they would throw a bone to a dog.

Some insurance companies pay five dollars for an ordinary examination, others pay three, others two, for identically the same work and many physicians examine for the different companies, doing the same work for each one and receiving these different fees. Is this good business? Is it fair? Is it possible that the medical profession has not the stamina to fix its own prices and stand by them, but simply take what these societies and clubs choose to give? No wonder they organize into fraternities and clubs, when they can thus get the physician's services at the rate corporations are paying. The time has come to stop contract practice entirely, except where the physician's entire time is taken, or where the fees are based on the usual charge in the locality. The physician's services should come to a cash basis without any rebate for corporations, societies, or persons who will get us patients.—*Editorial in Ohio State Medical Journal.*

The West Virginia Medical Journal.

COMMITTEE ON PUBLICATION.
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L. D. WILSON, M.D., JNO. L. DICKEY, M.D.
Office of Publication: The News.

WHEELING, W. VA., APRIL, 1907.

THE JOURNAL will be published for the first year as a bi-monthly—August, October, December, February, April and June. Commencing with July, 1907, we expect to issue a monthly.

Subscription, - - - - - - - - - - - $1.00 per year
Single Copies, - - - - - - - - - - - - - 20 cents

All communications to this Journal must be made to it exclusively. Communications and items of general interest to the profession are invited from all over the State. Notices of deaths, removals from the State, changes of location, etc., are requested.

Our readers are requested to send us marked copies of local newspapers containing matters of interest to members of the medical profession. Name of sender should be given.

CONTRIBUTIONS TYPEWRITTEN.

It will be satisfactory to all concerned if authors will have their contributions typewritten before submitting them for publication. The expense is small to the author—the satisfaction is great to the editor and printer.

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Advertising forms will go to press not later than the 20th of July, September, November, January, March and May.

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TO COUNTY SECRETARIES.

In the few days that intervene before the meeting of our State Association, collect the dues of every member on your roll and send to the secretary. In this way only can our full membership be shown, and the Journal mailing list be made up accurately.

Editorial.

OUR FORTIETH ANNIVERSARY.

On May 10, in the beautiful city of Huntington, our State Association will convene in its fortieth annual session. The program gives promise of a most interesting and successful meeting. The State is better organized and the association has a larger membership than ever before, and an increased interest is sure to be shown at this meeting Read Dr. Dickey's letter in our first issue on "The Need of Rest;" read also "The Physician and the Medical Society," in this issue, then turn your patients over to a good professional brother, and revive your spirits and get additional inspiration by mingling for a few days with "the boys" who are trying to climb. No physician ever lost patronage by attending medical society meetings. The public will generally appreciate a man who is trying to progress. We will look for you. Read the secretary's letter and pack your valise. This is to be a great occasion.

Editor West Virginia Medical Journal.

Please say in the next issue of the Journal that Dr. J. N. McCormack has promised to give us a public address one evening during our meeting. Dr. McCormack possesses that rare gift of being able to stir up the good things in doctors that are sometimes dormant and stimulate them to more careful study and better work.

Dr. Fleming Howell in his public address will speak on "The Physician and the People." In this he glances at the origin and history of medicine, and describes the different so-called schools of medicine as distinguished from regular medicine; shows what regular medicine has done for the welfare of the people in contrast with what the so-called irregulars have done, and shows how the physicians and the people have regarded each other in the different ages of the world and how they should regard each other to-day. Knowing Dr. Howell's scholarly attainments and interesting style, this promises to be a rare treat indeed.

The purely scientific program, a copy of which is printed in this issue, comprises over forty papers, is a most interesting one with none or very few of the old topics to be rehashed—strictly up-to-date.

The three days of this meeting should be a post-graduate course of exceptional value. In addition there will be interesting exhibits of instruments, books, etc.

Doctor, you need a rest; shut up shop for three days, bring your wife and come to Huntington and go back to your work again refreshed and inspired.

Yours very truly,
T. W. MOORE, Secretary.

Do you know McCormack? You ought to. He's the great organizer. Likewise the great pacificator. His is the gospel of peace. If you don't hear his sermon Wednesday evening, you'll regret it. J.

OUR FIRST JOURNAL YEAR.

With this issue our first Journal year closes. As we were beginning an experiment, we have appeared bi-monthly only. The year began in uncertainty, it closes with confidence. Our journalistic brethren have given us an encouraging welcome, and our association members have been so indulgent that not one line of criticism has reached us. On the contrary many encouraging letters have been received, some of these from physicians not yet members of our association. These are always welcome and they serve as a stimulus to further effort.

The contributions by our members have certainly been, on the whole, above the average of those in even our recent annual volume of transactions, and the latter have been improving in quality for years. The fact that our home products now have a much wider circulation than formerly should be an incentive to more careful effort in the preparation of papers.

In our editorials and selections from other journals, several objects have been kept constantly in view. 1. We have sought to give our readers papers of practical merit, such as would keep them in touch with medical progress and aid them in their daily work. The writings of men of national fame — Hektoen, Musser, Loomis, Northrup, Croftan and others—have appeared in our columns.

2. We have sought to stimulate the organization and growth of constitutent societies, and to indicate methods by which these may be improved and increased in interest. Dr. Leartus Conner has told us of "The Value of the County Society;" Dr. Theo. Diller "How the County Society May be Made Profitable," and Dr. Donaldson has spicily pictured "The County Society Secretary." These papers we regard of permanent value, and they may be re-read with interest and profit.

3. We have sought to inculcate principles that tend to elevate character and develop the ideal physician. Dr. Foshay has told of "The Ideals of the Profession;" Matthews has pictured "The Dual Life," and in the present issue Benedict's story of "The Man With Whom You Must Live," is a most forcible sermon on the necessity of a pure life and upright conduct. We trust that these and shorter papers embracing the same ideas have been received with favor, and that the lessons will be productive of good in shaping the lives of the members of our noble profession.

No inconsiderable labor has been spent in selecting and preparing abstracts of valuable new and practical papers for the "Medical Outlook," and in this we have received valuable aid from several of our members, whose names will appear in our annual report. This department we regard as highly useful, and believe our readers will profit by a close study of these short articles.

May we not claim that the Journal has demonstrated its right to live! We would fain believe that it has already aided in adding several new county organizations to our number, and thus increased the membership of the state organization; that it has created a more fraternal feeling, thus cementing the profession and aiding in effecting needed legislation of enduring value to the people and to the profession itself. The very fact that we have a medium of communication with each other and with the people is no small factor in impressing the mind of the average politician and legislator.

Coming as this does from one who last June thought that the time was not yet ripe for the establishment of an association journal, may we not hope that all doubts touching that point have disappeared, and that all of our members will agree that the Journal must live.

Let us have your aid and co-operation, then, and we may hope in time to gather into our association all who are worthy of such fellowship. When that day comes the practice of medicine will certainly be both more pleasant and profitable, and the people will be better served because the association men are the ones who grow. J.

"INDEPENDENT" JOURNALISM.

A commendatory notice of this JOURNAL in a recent issue of *The St. Louis Medical Review*, contained a sentence that attracted our attention and suggested the following remarks. An allusion, in the notice, to the establishment of State Medical Journals by the various State Medical societies closed with this statement in regard to them: "And whose 'manifest destiny' some believe to be, to purge the earth of independent medical journals, and—shall we add?—

journalism?" Now, what is the signification, as used in the above sentence, of the word "independent?" In what respect or aspect as regards this, and other State Journals can the term be used as distinguishing others from these. Independence implies freedom of action, unhampered by engagements, obligations or control, to or by any other influence or power than that which is resident in the management. It is quite customary to apply the term rather loosely. Journals published by individuals unaffiliated with any organization or business enterprise are usually spoken of as "independent," as if to distinguish them from those having such affiliations. Now, something more than this is needed to entitle them to the unchallenged use of this term. It seems to us that the conditions necessary to constitute independence in medical journalism are much more likely to be found where the journals are conducted by state or society organizations that have no connection with business enterprises, or have no dependence for their continuance on the financial support derived from subscriptions and advertising patronage. Where the financial sinews are provided by the organization or society, independence is secured, and no temptation to greater gains through subservience to outside influences is reasonably to be feared. Doubtless it was through a realization of this fact, and the often illustrated inability to throw off the shackles of commercialism, that finally induced the profession to attempt, through its organized bodies, to establish medical journals that were truly independent. The failure of the so-called "independent" publications to be really and truly independent could not help but dissatisfy the great body of the profession. And true to their instincts and training, when they found the disease they set about curing it. It looks as if the job is in the way of being accomplished. The plan upon which the various state journals are carried on, makes them all but invulnerable to the attacks of inimical interests. They are not in any fear of loss of subscriptions or withdrawal of advertising patronage. No "red ink" clause has any terrors for them. So long as the profession maintains its organization, independent journalism is safe. The other kind—which might be termed subsidized journalism—has not been slow to perceive this fact. Hence the attempts, covert and open, from that source to discredit organizers and organization. One is not to suppose that the medical journal of the past, established and conducted by individual or corporate enterprise, is to pass away. Far from it. But a closer alignment with the interests and demands of the profession will be brought about, and a casting off of the fetters that so long have kept it in bondage will be witnessed, and its old place in the confidence and favor of the profession, after these years of wandering in the wilderness, will know it again.

Never was there more crying need of independent, unfettered journalism than now. The vast expansion of our knowledge of the physical sciences has produced, as one of its results, an attempt to exploit the entire field of medical science and practice. The stream of nostrums and proprietary preparations, without number and ever multiplying, overwhelms us through the advertising pages of every "independent" journal, and never a word of scientific criticism, or a clinical report of an adverse nature, permitted. One would suppose that it would be to the columns of the "independent" journal that the practitioner could go for information concerning the character, uses, efficiency, limitations, or failures of any and every drug or preparation offered or suggested for the treatment of disease; that there the results of experiment and clinical trial would be set forth, and their value or uselessness made known. But no. The "red ink" clause casts its withering blight over the fair page, and the seeker for knowledge turns away unsatisfied. A few years ago the writer, in a paper on the treatment of a certain disease, expressed an unfavorable opinion of the usefulness or efficacy of a certain much vaunted proprietary preparation. Other drugs and preparations were likewise discussed, commented on, approved or disapproved, as was not only proper but required in a paper on such a subject. An "independent" journal asked for, and was given, the paper for publication. All went well until the sacred name of the proprietary preparation was reached. The writer's opinions and judgment concerning all the other articles were deemed fit to place before the journal's readers, but his appreciation of the sacred "red-ink"-panoplied proprietary article was not considered orthodox, and it was "cut out." A glance at the advertising pages told why. If this is "independent journalism," no wonder the pro-

fession has no use for it. Independent, indeed! True independence is worthy of conspicuous honor—never more so than in these days of mercenary exploitation of the poorly informed and credulous sick. There need be no fear that the profession will fail to recognize it, to uphold it, to reward it. "To purge the earth of it?" Never! But the other kind, the subsidized kind, the kind that consents to the placing of false signals; that assists, without shame, in the darkening of the channel lights that guide us into safe therapeutic anchorage; that denies to its trusting patrons the fruits of the experience and labors of their fellows; this kind may well grow anxious. The skies certainly do look threatening for them. Arise, Brethren. Let us smite this reptile to its death. And, hark ye! The state medical journals, together with the Journal of the American Medical Association, are the all-sufficient weapons with which to do it. W.

DO YOU PRESCRIBE NOSTRUMS?

Webster's International Dictionary defines a nostrum as "any medicine the ingredients of which are kept secret for the purpose of restricting the profits of sale to the inventor or proprietor; a quack medicine." Very many so-called proprietary medicines fall under this head. As noted in our last issue, in a report of a joint meeting of Ohio county physicians and pharmacists, the practice of prescribing such drugs has become painfully common. This same fact is set forth in a rather vigorous manner by Mr. Bok in an article which will be found in another part of this JOURNAL. We urge every reader to carefully peruse this article, and then enter into secret communion with himself, examine critically and honestly into his past and present habits of prescribing, and if found guilty of dosing his patients with drugs of whose composition he knows nothing, ask those patients to forgive him for the gross imposition, and resolve to enter upon a new, more honest and more scientific and intelligent course of action.

The exhibition made by Mr. Bok is humiliating to every right-minded physician, and a serious reflection upon the intelligence of a noble profession. No one of us, possibly, is absolutely innocent of the practice criticised, but too many are disgracefully guilty, for they have an established habit of prescribing nostrums, the exception being when they direct an official remedy. The writer recently saw in a drug store a row of bottles containing proprietaries of which he had never heard. Inquiry as to their nature brought the reply: "Oh, those are the nostrums run by Dr. A. and Dr. B.," both physicians in full practice, but neither, we are glad to say, a member of any medical organization.

The reasons for such practice are not far to seek, viz., a want of familiarity with the properties and uses of our official remedies, and a blind faith in the alluring statements of the detail man. Then, again, it is so much easier to write, simply, "dys———" than to search out the causes and write a suitable combination of remedies for each case of indigestion, or to write "anti———," than to ascertain the cause of pain in each case that comes to our notice and to fit the remedies to the conditions found.

Now what are the results of this short cut to medical practice which so many physicians have taken? It certainly leads to self-drugging, and thus deprives us of patients. Our patrons soon learn the names of the nostrums prescribed for them. The names are framed by the "smart" proprietor to catch and hold. So our patrons, instead of continuing to consult us, for apparently similar complaints, which may or may not require the same remedy, go to the druggist for a package of the old nostrum.

Counter-prescribing is another result, for if the patient can learn the remedy and its uses, how much more quickly the pharmacist, who listens to the detail man, studies the label, and like the physician accepts the promises of cure, and hands the remedy out to all who seek relief for any ache or pain, for diarrhoea or constipation, for "kidney trouble," as shown by a "pain in the back," for "piles" which may be hemorrhoids, or polypi, or anal fissure, or fistula or eczema ani. No examination, no diagnosis, no scientific therapeusis; simply a blind faith in men who have been time and again shown to be dishonest. But we doctors taught the druggist the practice, and are now the victims of our own folly.

And then nostrum-prescribing, born of ignorance and laziness, engenders more of both. Our works on materia medica gradually become neglected. The contents of the Pharmacopeia and National Formulary are almost unknown to us. How many have

yet learned that these official guides contain many formulas identical with those of the most valuable of the proprietary remedies, and that these can always be dispensed at a much lower price and hence should always have the preference!

Finally, we stimulate the advertisement of nostrums by prescribing them. The publishers need have no scruples on the subject of advertising the worst of the nostrums so long as we physicians prescribe even the best of them. They cannot discriminate. We have positively no excuse for prescribing any remedy whose composition is unknown; and recent investigation has shown that even when the formula is given it is too often unreliable. Let us be done with this practice. This is an era of reform. The cause of decency and honesty is marching on with giant strides, and we must keep in the forefront of the column.

It is rather humiliating to be taught our duty by a layman, but Mr. Bok has given us a truly valuable lecture which we should take to heart. As recently said by Dr. Edward Jackson, of Denver: "There is need on all occasions and on all sides for clear thinking and plain speaking in regard to this matter. Let it be understood that it is treason to the traditions and ideals of our profession, treason to scientific medicine and medical organization, to give aid and comfort to our enemies by prescribing, recommending, associating one's name with, or advertising any proprietary remedy which is secret in composition or method of manufacture, or for which extravagant, misleading or untruthful claims are made." Stop encouraging the manufacture of nostrums, then. Study your official remedies, for therein lies the true interest of yourselves and your patrons. J.

ORGANIZE OR SUBSCRIBE.

Appreciation from non-members:—Dr. S. J. Ross, of Schultz, writes: "The April issue just at hand is a classic," and he pays two years' subscription.

Dr. Jas. Boyce Taylor, of Griffithsville, in ordering the JOURNAL, says: "In any way possible I desire to aid in the advancement of our profession in West Virginia along lines of progression in thought, and toward success in fulfilling our great mission among men; and truly a wide awake, high-toned journal such as is yours, is a most powerful factor in achieving such a condition and result."

Noble sentiments, surely, and any one who utters them is worthy of membership in the state organization whose members are banded together to advance alike the best interests of the profession and the people whom we serve. Lincoln county, from which the sentiments come, and all other counties as yet outside the charmed circle, should bring their upright, progressive physicians together in a county or bi-county medical society at once. The time is propitious. Organization is in the air. It is as stimulating as oxygen. It encourages progress, brushes away the cobwebs of stagnant isolation, makes men acquainted with each other, dissipates differences and adds joy to professional life. Come together, then, in a kind and fraternal spirit, resolved to bury prejudices, forget past differences and join the column of progress that is on the march forward and upward.

The JOURNAL has, during the past year, been sent to hundreds of physicians in the state who are members of no medical society. This has been at no little expense, and has been justified only by the expectation that medical organization would be thus stimulated, and failing in this that our subscription list would be materially enlarged. While some results are seen, we are in a measure disappointed, and while this issue will reach a larger number of physicians than any previous one, we purpose cutting off our free list. Any, therefore, who desire the JOURNAL continued must get it in future through organization of a county society or by individual subscription. It is our purpose, if the House of Delegates so wills, to issue a monthly of 30 pages from July, 1907, for one dollar. If the physicians who are not members of our state organization do not desire to pay the small sum of one dollar for 360 pages of a journal published in their own state and for the promotion of their own interests, we feel justified in concluding that they do not greatly appreciate the sample copies, and probably do not read them, and hence that we may as well discontinue sending them.

We shall always be glad, however, to send a sample copy on request, and hope that the seed sown during the year now closing may result in an abundant harvest.

J.

"The West Virginia Medical Journal, now in the fifth number of its first volume, is a new addition to the ranks of State medical journals whose "manifest destiny" some believe to be, to purge the earth of independent medical journals, and—shall we add?—journalism. But even in face of the impending stroke we cry "Ave, Caesar! Morituri te salutamus." The Journal has set for itself a good standard, and is clearly aiming to live up to it.—St. Louis Medical Review.

It is very kind in *The Review* to say that our Journal "has set for itself a good standard and is clearly aiming to live up to it." It is gratifying to know that our aim has been perceived. But we assure *The Review* that we have no murderous intent, and would not, if we could, "purge the earth of independent journals." We would, however, gladly purge their advertising columns of much that does not seem to come up to our "good standard," of which further ideas may be had by reading two editorials in this issue, both written before the above from *The Review* came under our notice. We would like to see so excellent a journal as our St. Louis contemporary keep step in the march of progress toward a truly scientific therapeusis, and cease encouraging its readers to prescribe unknown remedies by setting before them advertisements of proprietaries of secret composition. J.

Correspondence.

Notes From Johns Hopkins.

Editor West Virginia Medical Journal.

The medical profession of West Virginia should be felicitated because of the high standard of the initial numbers of its official journal. It reflects the advanced status of the medical profession in the Mountain State. At no time in the past history of the State do we believe the maintenance of such a journal to have been possible. However, in many respects the state has not kept pace with the progress of modern, medical and sanitary science, a fact attributable largely, we believe, to the want of an organ to advocate its needs.

We believe that it is as much the province of the medical profession to prevent as to cure disease, and perhaps its greatest beneficence to the public is in this phase of the profession. Most states with far less favorable financial, climatic and topographical conditions, have established tuberculosis sanitariums, and why should not West Virginia?

The inspection and supervision of our milk supply are rendered imperative by the rapid increase of our urban population. At the present time we believe that this work is practically nil in most of our cities and towns. The relations that obtain in our local boards of health to public schools is primitive, if not farcical. It is no longer disputed among the medical profession that typhoid fever is a preventable disease, and its widespread prevalence in our state and elsewhere, is, as Prof. Osler tersely puts it, "a reflection on the sanitary intelligence of the public."

The panic and consternation recently produced by the presence in our midst of an unfortunate leper, has left a lasting impression on our memories, yet his was the only death we have had from this malady in the state, if indeed his death was due to this cause, and the chances are favorable that we shall never have another. However, because of the rarity of leprosy, and the prevalence of typhoid fever, the occurrence of one case of the former causes a panic, while thousands die annually of the latter disease without causing comment. These facts are and have long been known to the medical profession, but they have not had the cooperation of the public, but have had their action opposed in suggested measures and methods of quarantine and sanitation. One obstacle in the way of prevention of typhoid fever is a lack of unanimity among the profession as to the sources of infection. We believe with Prof. Osler, that the "infection of water is unquestionably the most common mode of conveyance," while not denying other modes of infection such as flies, vapors, dust, food, etc., yet we believe that Prof. Osler's dictum will stand the test of experience and investigation. Flies no doubt play an important role as carriers of infection in military camps and elsewhere, and necessary precautions, which are simple and easily executed, should be taken under all circumstances, yet we believe their significance as etiological factors have been greatly magnified. Flies may have slain thousands, but infected water has slain its tens of thousands. It has no doubt been the observation of others, as well as the writer's, that the laity in rural districts attach a

fetish interest to their water supply, and it matters not how polluted it may be, each individual approached on the subject will enthusiastically declare that his particular well or spring is universally acknowledged as the best in the community, and that it is known far and wide for its sparkling purity; and he thinks the poet had his particular well in view when he mounted his pegasus and sang of the "iron bound bucket," and "no well filled goblet could tempt him to leave it though filled with nectar that Jupiter sips.

The position held by water as a causative factor in typhoid fever is such, that the death rate from this disease is a key to the kind and character of the water supply. The annual death rate of a few of the leading cities of the world for the year 1896, per 100,000 of inhabitants, was as follows: Amsterdam, filtered water, 3; Munich, spring water from spring 37 miles away, 3; Berlin, filtered water from lake, 5; Vienna, springs 65 miles away, 5; Paris, canals, artesian wells, etc., 11; London, filtered water from river Thames, 14; Brooklyn, impounded water and artesian wells, 15; New York, impounded water from river, 16. These statistics have been much improved in foreign cities, especially in Germany, where typhoid fever has become almost unknown. If we compare the death rate of these cities with the probable mortality from typhoid fever in West Virginia, we can have some estimate of the penalty our state pays to public and professional indifference. My county of Randolph has an estimated population of 25,000. To say that we have an annual death rate from typhoid fever of 25 for the whole county will be considered an estimate much too low to those who are conversant with the facts, yet that would give us an annual death rate of 100 per 100,000. The location of most of West Virginia cities and towns in close proximity to pure running springs makes this state of affairs inexcusable.

The first step in the inauguration of a general compaign against typhiod fever in West Virginia, we believe to be the gathering of statistics in regard to the annual death rate from this disease. Then a general investigation into the local water supply of its cities and towns. Local boards of health are often influenced by professional, political and other local influences, and a general supervision by a higher authority will in many instances be absolutely necessary to procure efficient and intelligent local hygienic conditions and sanitation.

Post-graduate students are to-day no doubt impressed with the waning importance and confidence attached to drug therapy, and the substitution of physical, psychical and other forms of treatment. Acne and gonorrhoeal ailments are now successfully treated at the Johns Hopkins Hospital by the vaccine opsonin method, and we look forward to many other brilliant results in the same field. Morbid conditions of the teeth and gums are regarded at the Johns Hopkins Hospital as being important factors as a nidus of disease in joint and other systemic infections. Prof. Barker, chief of medical staff, as teacher and diagnostician, is maintaining the high standard of the institution, and the student is to be congratulated who is privileged to receive his instruction. A visit to Prof. Thomas' neurological clinic is an inspiration, where the details of diagnosis in this department are demonstrated as a refined art.

Among West Vrginians who have forged to the front in the profession in Baltimore, we may mention Dr. A. P. Herring, who is physician in charge of St. Agnes' Hospital and instructor in neurology at College of Physicians and Surgeons, clinical assistant in the department of neurology at Johns-Hopkins Hospital and visiting physician at Bay View.

A. S. BOSWORTH, M. D.

Baltimore, Md., March 12, 1907.

Official Program

Of Fortieth Annual Session of West Virginia Medical Association, Huntington, May 15-17, 1907.

Opening Meeting, 9:30 A. M.

2:30 P. M. Wednesday.

Practical Demonstrations of the Value of the X-Ray - - - - - - - - - -
Dr. H. H. Young, Charleston

Epilepsy- - Dr. James R. Bloss, Huntington

Cardiac Neuroses - - - - - - - - - -
Dr. Robert W. Fisher, Morgantown

Cardiospasm; Its Frequency, Causes and Treatment - - - - - - - - - -
Dr. Charles A. Wingerter, Wheeling

A Lesson in Materia Medica—Atropia Poisoning — A Personal Experience -
Dr. S. L. Jepson, Wheeling

Influenza - Dr. E. H. Cummings, Clarksburg

Maternal Impressions - - - - - - - -
Dr. T. M. Hood, Clarksburg

8 P. M.

Address to the Profession and People - - Dr. J. N. McCormack, Bowling Green, Ky

9:30 A. M. Thursday.

The Consideration and Treatment of Alcohol and Other Narcotic Drug Addicts - Dr. G. H. Benton, Chester

Effects of Alcohol on the Respiratory Tract Dr. Claude L. Holland, Fairmont

Proprietary Medicines - - - - - - - - Dr. G. D. Lind, New Richmond

The Division of Fees in Regard to Referred Patients - - - - - - - - - - - Dr. John Edgerton Cannaday, Hansford

The Older and the Young Practitioners—Their Reciprocal Relations - - - - Dr. J. C. Irons, Elkins

On the Diagnostic Value of Abdominal Pain - - - - Dr. J. Schwinn, Wheeling

The Examination of Blood and Its Uses in Physical Diagnosis - - - - - - - - - Dr. J. W. Moore, Charleston

A New Method of Staining the Spirocheta Pallida, With Demonstration - - - - Dr. Ward MacNeal, Morgantown

2:30 P. M. Thursday.

The Conservative Treatment of Compound Fractures - - - - - - - - - - - Dr. H. G. Nicholson, Charleston

The Suprapubic (Freyes) Operation After Preliminary Cystotomy - - - - - - Dr. E. A. Hildreth, Wheeling

Surgery 1860-1900—Then And Now - - - Dr. W. H. Sharp, Parkersburg

Chloroform Anaesthesia and the Anaesthetist - - Dr. C. N. Slater, Clarksburg

Appendicitis From the Standpoint of the General Practitioner - - - - - - - Dr. J. W. Preston, Keystone

A Report of a Series of Emergency Cases From a Surgical Standpoint: First, Gallstones; Second, Appendicitis; Third, Gunshot Wounds; Fourth, Tumors Complicating Pregnancy, with Specimens Illustrating the Series of Cases - - - Dr. H. D. Hatfield, Eckman

Operative Treatment in Uterine Retrodisplacement - Dr. Robert J. Reed, Wheeling

Report of a Case of Hydatidiform Pregnancy - - - Dr. E. A. Hill, Clarksburg

Corneal Ulcers - - - - - - - - - - - - Dr. C. M. Hawes, Huntington

Antitoxines - - - - - - - - - - - - - Dr. Page A. Gibbons, Morgantown

8 P. M.

Public Address—"The Physician and the People" - - - - - - - - - - - - - Dr. Fleming Howell, Clarksburg

9:30 A. M. Friday.

The Use of Cocaine After the Method of Fordyce with Demonstration in Inguinal Hernia - - - - - - - - - Dr. Robert E. Vickers, Huntington

Extra Peritoneal Ruptures of the Bladder Dr. John Edgerton Cannaday, Hansford

Ten Years Experience in Obstetrics and a Few Conclusions - - - - - - - - - Dr. C. B. Williams, Philippi

Alleged Mal-Practice Defense - - - - - Dr. H. V. Varner, Clarksburg

Paralysis Following Diphtheria—Report of Cases - - - Dr. H. P. Linsz, Wheeling

How Does Sunshine Kill Bacteria- - - - Dr. Fleming Howell, Clarksburg

Paper—Microscopic Demonstrations - - - Dr. L. O. Rose, Parkersburg

The Pennsylvania and West Virginia Medical Associations—A Comparison- - - Dr. C. H. Maxwell, Morgantown

The Need of a National Standard of Attainment by All the States of the Union—A Cabinet Officer to Direct This—All Practitioners of Healing Art to Attain This Standard—Then Privilege to Practice Everywhere - - - - - - Dr. T. L. Barber, Charleston

The Stomach as a Cause of Intestinal Indigestion - - - - - - - - - - - Dr. H. C. Solter, Huntington

2:30 P. M. Friday.

The Medical Department of the West Virginia University - - - - - - - - - Dr. John N. Simpson, Morgantown

West Virginia Institutions - - - - - - Dr. L. V. Guthrie, Huntington

Heredity - - Dr. R. M. McMillen, Wheeling

Gonorrhoea; Its Prevention in the Hands of the Parents and Physicians - - - Dr. Sherwood Dix, Williamson

Mastitis - - - - - Dr. H. K. Owens, Elkins

Voluntary papers.

8 P. M.

Banquet by the Cabell County Medical Society to the visiting physicians at Hotel Frederick.

The secretary has secured one and a third railroad rate for members and friends who may attend the meeting, and will send card orders to all who may apply to him.

Society Proceedings

Barbour-Randolph-Tucker Society.

This society met in Elkins April 3d. Meeting called to order by the president, Dr. O. L. Perry at 2:30 P. M. Dr. Owens acted as secretary in absence of Dr. Butt.

Present—Drs. Perry, Owens, Golden, Hall, Foutche, Hoff, McBee, Irons, A. S. Bosworth, Hamilton, M. S. Wilson, Harris, Murphy, Marshall, T. M. Wilson.

Drs. Tolbott, of Elkins, Kiem, of Davis, Montony, of Harmon, H. Werner, of Bemis, and S. G. Moore, of Coalton, were elected to membership.

Auplications of Drs. C. H. Hall, T. M. Wilson, C. R. Foutche, J. C. Kibbler and Wm. Werner were received

Dr. A. S. Bosworth, who has recently taken a post graduate course, made a few remarks on that subject. Said it could be done as well at home. Dr. Irons disagreed; thinks we have not the facilities. Dr. Golden believes work can be done at home; says much is being done by the county medical societies in that direction.

The subject of arthritis deformans was then

taken up for discussion. Discussed by Drs. McBee, Irons, Foutche and Golden. All think the etiology obscure and nothing to offer in way of treatment.

Dr. Bosworth says all patients with arthritis deformans have enlarged stomachs, and thinks it possible this may have something to do with etiology.

Dr. Harris read a paper entitled "One of the Worst Enemies of the Profession—The Man Who Undervalues his Services."

A resolution was passed appointing a committee to consider the advisability of making a minimum fee schedule for the district.

Adjourned until 8 P. M.

Evening Session—Present Drs. Perry, Rodgers, A. S. Bosworth, Golden, T. M. Wilson, M. S. Wilson, Murphy, Hamilton, Owens, Harris, McBee, Irons, Foutche, Daniels, Arbuckle, Hoff, Furlong, Marshall, C. S. Hoffman.

Committee on insurance reported as follows: Barbour in favor of exacting a fee of $5.00, Randolph thinks it not practicable yet, Tucker all but one member in favor of a fee of $5.00.

The question was settled for the present by requesting the members not to make examinations for less than $5.00.

Dr. Murphy read a paper on "Contract Practice," also made some remarks on fee division. Warmly discussed by Drs. Golden, Bosworth, Rodgers and Irons. Dr. C. S. Hoffman was present, by invitation, with a paper on Shock.

Discussion opened by Dr. McBee.

Next on the programme was a discussion of the business affairs of the district. Opened by Dr. Hoff, who thinks we are in better shape than formerly, more friendly, more inclined to help one another. Thinks when we leave a case, is the time to try to make a settlement. If money is not available, try to get a note. Dr. Hoffman thinks physicians should have an equal standing with undertakers and lawyers in collecting their bills.

A special assessment of $1.00 was laid to provide a fund to employ an attorney to prosecute illegal practitioners.

Society officers: President, O. L. Perry, Elkins; First Vice President, W. W. Kerr, of Volga; Second Vice President, Irvin Hardy, of Davis; Treasurer and Secretary, A. P. Butt.

Albert, April 20, '07.

Eastern Pan Handle Society.

Perhaps the Journal could find space for an account of the second quarterly meeting of the Eastern Pan Handle Medical Society, held at Charlestown, April 10th, 1907.

The spirit of hearty co-operation on the part of the physicians of the counties of Berkeley, Morgan and Jefferson gives the society a promising future, and it takes just pride in the tribute paid its progress by Dr. Golden, who was one of the honored guests.

Two papers, "Medical Ethics," by Dr. Castleman, Martinsburg, and "Laryngeal Diphtheria," by Dr. Neill, Charlestown, are worthy of special commendation.

"Puerperal Sepsis," by Dr. Allen, of Baltimore, evoked spirited discussion and emphasized many interesting points. An able paper on "Professional Courtesy," by Dr. Powell, Grafton, and Dr. Golden's address closed an interesting program.

That mental refreshment only was not dispensed, the hospitality of Drs. Neill and Venning bore most substantial witness.

R. W. MILLER, Secretary.

Martinsburg, April 16, '07.

Grant-Hampshire-Hardy-Mineral Society.

This society held its April meeting at Keyser, W. Va., Thursday, April 25, 1907, 7:30 P. M. The program for the meeting was as follows: Presentation and Report of Cases.

PAPERS.

"Uterine Peristalsis, the Chief Factor Through Which the Sperm Cell Is Brought Into Contact With the Germ Cell" - - - - - - - - - - - - -
Dr. H. McS. Gamble, Moorefield, W. Va

"Typhoid Fever" - - - - - - - - - - - -
Dr. E. T. Duke, Cumberland, Md

"Care and Conservatism in Surgical Cases"
Dr. J. M. Spear, Cumberland, Md

Report of Committees and Board of Censors.

Miscellaneous business.

DR. PERCIVAL LANTZ, Secretary.

Alaska, W. Va.

Hancock County Society.

The Hancock County Society held their Jubilee session to-day at the office of Dr. J. W. Spillman, at New Cumberland.

The physicians of the northern end of the county arrived at New Cumberland at 11:30 A. M., and after enjoying an elegant repast served by Mrs. Dr. Spillman in their beautiful home at noon, were joined by the physicians from the southern end of the county, who arrived on a later train. Meeting was called to order at 1:40 with Dr. Spillman in the chair, and after disposing of the regular order of business a general discussion was held with a view to determine some means to instil a greater interest in all the members of the society. As our society is small in number (yet contains all except two regular physicians practicing in the county), it needs a little continued effort on the part of every member to insure its success. In the discussion some one suggested the advisability of holding joint meetings with the adjoining county, thereby securing greater numbers in attendance and enabling us to make the meetings more enjoyable and profitable to those faithful ones who unfortunately have been many times to the meetings only to waste their time in waiting for enough members to constitute a quorum.

The society voted to have the chairman appoint a committee to ascertain the pleasure of the members of both societies as to this arrangement.

Dr. Benton was elected delegate to the State Association, to be held in Huntington in May.

After adjournment the Board of Censors met and organized with Dr. Purviance as chairman, and Dr. Spillman secretary. The board outlined their work for the remainder of the year,

in which they hope to accomplish much needed reform.

G. H. BENTON,
Secretary Pro Tem.

Chester, W. Va., April 10, '07.

Monongalia County Society.

At our last meeting our society took up the matter of the reduction of insurance examination fees and passed the following resolution:

Whereas, Many of the old line life insurance companies have notified their medical examiners of reduction of examining fee from $5 to $3; and,

Whereas, We, as physicians, realizing the responsibility incident to proper examination of the individual, believe such reduction to be unjust; therefore be it

Resolved, That the Monongalia County Medical Society, and the medical profession in sympathy with them, in session assembled, do hereby declare such reduction to be unjust, and respectfully request that no physician authorized to practice medicine in Monongalia county accept such reduction of fee; and further, that any physician accepting such reduction be guilty of a breach of professional courtesy.

Resolved, That it is the sense of this society that hereafter in each examination for life insurance the minimum fee shall be $5.

Offcers and members of Monongalia County Medical Society: President, C. H. Maxwell, Morgantown, W. Va.; Vice President, R. W. Fisher, Morgantown, W. Va.; Secretary, F. T. Haught, Morgantown, W. Va.; Treasurer, Allen Bush, Morgantown, W. Va.; R. H. Edmondson, Morgantown, W. Va.; Censors, James A. Cox, Morgantown, W. Va., J. N. Simpson, Morgantown, W. Va.; Delegate, R. W. Fisher, Morgantown, W. Va.

F. T. HAUGHT, Secretary.

Morgantown, April, 1907.

The first annual meeting of the West Virginia Hospital Association will be held at Huntington, May 16th, 1907. The following papers are on the programme: Hospitals, Dr. Jno. R. Cook, Fairmont; The Importance of Trained Nurses, Dr. W. S. Link, Parkersburg; Needed Legislation for Hospitals, Dr. U. W. Showalter, Clarksburg; Uniformity and Cooperation Among the Hospitals, Dr. J. E. Cannaday, Hansford. The officers of the association are: President, Dr. S. M. Mason, Clarksburg; First Vice President, Dr. Jno. R. Cook, Fairmont; Secretary and Treasurer, Dr. Joseph E. Rader, Huntington.

For some time past, the Marshall-Wetzel Bi-County Medical Society has had no meetings, due to a lack of interest on the part of its members. The advisability of forming separate societies in each of these counties was thought of and accordingly carried out. The Marshall County Medical Society was organized April 1st and 15th, amid a great deal of enthusiasm with twenty-three charter members in good standing. The meeting for organization was held at Dr. O. C. Covert's office, Moundsville, W. Va., with Dr. H. P. Linsz, Councillor, First District, presiding. The benefits to be derived by organization were thoroughly discussed and plans were suggested whereby the society may be continued in a prosperous condition. A constitution and by-laws were adopted and the following officers elected :President, Dr. G. W. Bruce, Moundsville; Vice President, Dr. I. N. Houston, Moundsville; Secretary, Dr. O. F. Covert, Moundsville; Treasurer, Dr. J. W. Rickey, Moundsville. Board of Censors: Dr. J. J. Duffy, Rosby's Rock; Dr. L. S. Hennen, Moundsville. Delegate to the W. Va. Medical Association, Dr. J. J. Duffy; Alternate, Dr. I. N. Houston. After the meeting a luncheon was served by the genial Secretary, Dr. Covert, and a social time enjoyed.

State News

Charleston has been the seat of quite an epidemic of small pox, the efficient health officer, Dr. Eugene Davis, has had his hands full trying to cope with the situation, as it seemed impossible to secure grounds or a building for the purpose of isolating any of these cases. Dr. Davis conceived the happy idea of using a shanty boat as an isolation hospital; this was moored in the Elk river and a considerable number of cases were treated there.

Dr. J. E. Cox, of Stanaford, W. Va., expects to spend several months in Europe this summer for the purpose of travel and study.

Dr. C. F. Mahood, of Oak Hill, W. Va., has opened an office for the treatment of diseases of the eye, ear, nose and throat.

Dr. R. C. Price, formerly of Page, is now at Moorefield, W. Va.

Dr. Joseph C. Brown, of Winona, recently removed to Page, W. Va.

Dr. Gideon Timberlake, of Charleston, lately married Mrs. McClanahan.

Dr. S. M. Stone, of Tomsburg, W. Va., married Miss Effie Mucklow, a daughter of Mr. W. W. Mucklow, of Charleston, W. Va., April 24th.

Dr. J. J. Davidson, of Concho, W. Va., is now located at Hugheston, W. Va.

Dr. R. D. Roller, Jr., is located at Wittenberg, W. Va.

Contracts have been let for the new buildings and other improvements for the Sheltering Arms Hospital, at Hansford, W. Va. Improvements will be made to the extent of $75,000 during the present year. A new hospital with a capacity of about 125 patients will be erected, the power house and laundry alone will cost nearly $20,000. The buildings are to be of concrete. The excavation for the site has been practically finished and the concrete work will be begun in a few days. The hospital has been a gradual growth; 18 years ago the work was started in a frame building by Bishop Peterkin. Additions to this were made from time to time. The present building has been very badly overcrowded for some time. Archdeacon B. M. Spurr, of Moundsville, W. Va., who has been so successful with hospital work in the northern part of the state, collected the most of the funds for the new hospital here, and he has charge of the construction.

Drs. H. C. Nicholson and A. A. Shawkey recently spent two weeks at the Clinic of the

Mayo Bros. at Rochester, Minnesota.

Dr. W. S. Robertson, Jr., of Richmond, Va., has opened an office for the practice of medicine in Charleston, W. Va.

Dr. W. L. McMillan contemplates the opening of a private hospital in Charleston soon.

Dr. W. E. Dempsey, of Oak Hill, has lately returned from New York, where he was doing post graduate work.

The family of Dr. O. L. Perry, Elkins, was enlarged last month by the addition of a daughter.

Dr. J. H. Cherry, Coketon, is in Florida, to which state he may remove if he finds things promising there. We shall regret to lose him from our ranks.

Dr. A. H. Woodford, of Belington, gave some uneasiness to his many medical friends on account on an infection of one of his fingers, but he has now fully recovered from it.

The extent of the epidemic of typhoid fever which prevailed this winter in Elkins was grossly exaggerated by outsiders. It is all over now and the town is enjoying its usual degree of good health.

Dr. Hall, formerly of Fairmont, has located in Elkins. The Doctor has made application for membership in the Barbour-Randolph-Tucker Medical Society, and will no doubt become a useful member.

Dr. J. C. Irons, Elkins, who was confined to his house a good portion of the winter on account of muscular rheumatism, is now enjoying his usual good health, and has served notice on his medical friends that May 15, 16 and 17 will find him at Huntington.

Dr. R. H. Powell, Grafton, was recently a visitor in Elkins and was entertained by President Golden.

Dr. A. M. Fredlock was elected Mayor of Elkins by a fairly good majority. While he was opposed by some members of the medical fraternity, they are all glad to see him in office and expect much from his administration, especially in matters of sanitation.

Dr. J. A. Cox, of Morgantown, has been quite ill for some time with some obscure trouble with his kidneys, most probably a stone in the pelvis. He is now at Cambridge Springs.

Dr. Abercrombie, of Wheeling, has been appointed by Governor Dawson to attend the American Anti-Tuberculosis League in Atlantic City June 1-4.

At the State University it has been ordered that tuition of $25.00 a year in the Law College and the Medical College, and $20.00 in the Engineering College, be charged, beginning next fall. Double these fees will be charged nonresidents of the state. These fees were made necessary by the appropriation being cut down by the legislature.

Mrs. Werner, wife of Dr. Wm. Werner, of Thomas, has just returned from Florida, where she spent the winter.

Dr. T. Jud McBee, of Elkins, is doing some special work at the College of P. & S., in Baltimore.

We take pleasure in announcing the recent marriage of Dr. W. Sheldon Hutchins, Wheeling's oldest physician.

Notes.

The head of each hospital in the state is invited to send a representative to the meeting of the State Hospital Association, to be held at Huntington during the session of the State Medical Association, May 15-17. It is desired that as many hospitals as possible be represented, so that methods may be adopted and papers and discussions secured that will be of mutual benefit. S. M. MASON.

A second edition of The Great American Fraud pamphlet has been issued by the press of the American Medical Association. It includes the Collier's Weekly articles on patent medicines which have so informed the country, and Mr. Adams' later article on Quacks and Quackery, the result of which has been to drive some of this class of impostors out of business. Some societies are ordering enough copies to supply all their members. It is a most useful and interesting—but painfully so—document. Price, 10 cents; 50 copies $2.00; 14 copies $1.00. Order it. Read it. Keep it on your table for your patrons to read.

The 32d Annual Meeting of the American Academy of Medicine (Specializing in Medical Sociology) will be held at the Hotel Dennis, Atlantic City, on Saturday, June 1, and Monday, June 3, 1907.

Provisional Program.

Report of the Committee on "The Teaching of Hygiene in the Public Schools."

Report of the Committee on "The Comparative Value of the First Degree in Our American Colleges" (final report).

Papers.

"The Communal Life of Physicians; Its Cultivation and Value." By Dr. Leartus Connor, Detroit.

"The Superiority of the Playground to the School-room." By Dr. Woods Hutchinson, of Arrow Head Springs, California.

"Insurance for Defectives." By Dr. J. A. Spalding, Portland, Me.

8 P. M.—Open Session of the Academy.

Annual address before the academy—Dr. Casey A. Wood, of Chicago, president of the academy, "A Medical Career and the Intellectual Life."

Monday, June 3, 1907, 10 A. M.—Executive session of the academy.

11 A. M.—Open Session.

Symposium—The Relation of the Medical Profession to the Housing of the People.

Every reputable college-bred physician is eligible for membership in the American Academy of Medicine, and it invites all who are interested in the medical aspect of the social problems of the times to unite in its study of these problems. Blank applications and literature may be obtained from the secretary, 52 North Fourth street, Easton, Pa.

Announcement.

The following is a copy of the general guarantee filed this date with the Secretary of Agriculture, at Washington, D. C.:

THE ABBOTT ALKALOIDAL CO.

Chicago, Nov. 12, 1906.

The Secretary of Agriculture, Washington, D.C.

Dear Sir—We, the undersigned, do hereby guarantee that all the articles of foods or drugs manufactured, packed, distributed or sold by us, including both crude and powered drugs, alkaloids, chemicals, pharmaceutical preparations, medicinal specialties or proprietary medicines and any and all articles of food and drugs as defined by the Food and Drugs Act of June 30, 1906, are not adulterated or misbranded within the meaning of the said act.

Respectfully yours,

THE ABBOTT ALKALOIDAL CO.,
(Seal) DR. W. C. ABBOTT, President,
1416 E. Ravenswood Park, Chicago, Ill.
Attest: LOUIS P. SCOVILLE, Secretary.

West Virginia Medical Journal.

I will be glad if you will publish the enclosed in the West Virginia Medical Journal.

Dr. Howard A. Kelly, of Baltimore, is at work on a scheme for a Cyclopedia of American Medical Biography. The main scope of the plan is to include the names of men who have been prominent in advancing the cause of the profession throughout the country, the idea being to perpetuate the memory of men who have made their mark professionally rather than politically or commercially. Dr. Kelly suggests the following biographical outline:

"Biographies must be comprised in from 200-1000 words, according to the eminence of the subject.

The following data ought to appear in each case:

1. Name in full, followed by year of birth and death.
2. Place of practice, or place where chief reputation was gained (immediately under name).
3. Department or departments of special activity.
4. Ancestry in brief and exact place and date of birth.
5. Education and degrees with dates.
6. Membership in scientific and learned societies.
7. Positions held, with dates.
8. Narrate any interesting events which give life and color to the sketch, such as anecdotes, or description of personal characteristics.
9. Marriage, giving name of wife in full and number of children, mention particularly any children who followed medicine or became eminent.
10. The exact place, date, and cause of death.
11. Important writings in chronological order with exact references.
12. Reference to previous biographies and any extant portraits.

Signature of Biographer.

I have been asked to take charge of the work in this state. I would much appreciate help or suggestions from any source. I especially want information about the prominent physicians of the state who have died since the organization of the state.

Hoping to have the co-operation of the readers of the Journal, I am,

Fraternally yours,

J. E. CANNADAY.

Hansford, W. Va.

Medical Outlook.

A Simple Means of Relieving the Earache of Acute Otitis Media.—In inflammation of the middle ear, previous to the time when paracentesis of the membrana tympani is required or before spontaneous rupture affords relief by permitting free vent to the discharge, the patient frequently demands immediate relief from pain. The ordinary local applications of cocaine, or phenol, combined with glycerin, are only partially successful. Neumann has found a much more effective means of attaining the desired result. It consists in introducing into the external auditory canal compresses of cotton moistened with ordinary dilute lead water, which are also applied to the concha and its vicinity. This solution is made extemporaneously by adding water to Goulard's extract, forming eau blanche. This solution is heated to the boiling point, and a small piece of absorbent cotton, rolled into the shape of a cone about an inch long, is dipped into it, and then introduced into the auditory canal. The concavities of the external ear are next to be filled with small compresses, which are also moistened with lead water and applied as hot as the patient can bear it. Finally, the entire ear and surrounding parts are covered with three compresses, dipped into the same solution, but from which the excess of moisture has been removed by expression. One of them is placed in front of the ear, the other in the space behind the ear, and the third above the preceding two. The relief afforded by this is so great that the patient is enabled to await with tranquillity the time for paracentesis or the spontaneous opening of the drum.—Med. Review of Reviews from Le Bulletin Medical.

Cancer of the Breast.—J. Clark Stewart (Jour. Minnesota State Med. Assn., January, '07). At least 25 per cent of the cases of cancer of the breast can be cured by radical surgical operation. However, probably not over 5 per cent are cured. This condition is due to the fact that the general practitioner fails to make an early diagnosis and to refer the case to the surgeon, and also to the fact that the surgeon frequently fails to do a complete operation. The majority of breast tumors in women over thirty are malignant and should be referred at once to the surgeon. The indications for treatment are the removal of the tumor with a sufficient amount of sur-

rounding tissue, the removal of the neighboring lymph nodes and their connecting lymphatics, and the closure of the wound for primary union. The essentials in operating are to remove the breast without disturbing its attachments to skin, muscle, and fascia, to remove the pectoral fascia and both pectoral muscles, to remove the axillary lymph nodes by clean dissection, to avoid cross section of the lymphatics leading from breast to axilla, to secure perfect hemostasis, and if necessary to use Thiersch skin grafts. Mutilation and subsequent disability are due to poor technic. Rarely swelling of the arm after operation is seen; this is due either to a good deal of blunt dissection in the axilla or to axillary recurrence.—J. T. T.

Vaccine and Vaccination.—W. F. Elgin (Maryland Medical Journal, February, '07) calls attention to the character of vaccine and its limitations. Glycerinated virus is the best form of vaccine. Glycerine acts as a preservative and causes a slow elimination of extraneous bacteria usually present in the virus. This eliminative action is prevented or greatly retarded by low temperature, while at or above body temperature it is rapid. At the temperature at which the lymph is usually stored two months or longer are required to destroy the bacteria, though the pathogenicity is usually lost in two or three weeks. The activity of the virus is rapidly destroyed by exposure to a temperature of 98° F., while exposure to room temperature causes loss of activity in from one to three weeks. At the temperature of the ice chest it will remain active for three to six months. Hence it is necessary to store vaccine in a cool place, and when compelled to vaccinate in hot weather to use only fresh vaccine.

In the operation of vaccination rigid asepsis should be exercised and the patient should be instructed in the subsequent care of the site of operation. The vaccinated area should equal one-half square inch. The incisions should never be deep enough to draw blood over the whole area. The patient should exhibit symptoms of vaccinia and a scar. The symptoms of vaccinia should not be confounded with those of septic infection. The vaccinated site should always be inspected between the eighth and twelfth days after operation to determine the character of the result, and the certificate issued accordingly.—J. T. T

Rheumatic Fever in Childhood.—Dunn (Jour. Am. Med. Assn., 9th February, '07), gives an interesting discussion of this subject based on the study of 300 hospital cases. The term rheumatic fever is preferable to infectious arthritis, acute rheumatism, or acute articular rheumatism. The disease is probably an acute infection due to the Micrococcus Rheumaticus, though the specificity of this organism has not yet been conclusively demonstrated. A certain number of cases have joint symptoms resembling the adult type—redness, heat, swelling and tenderness; but in the majority of cases joint symptoms are absent. The articular cases are characterized by great mildness and brief duration of joint symptoms, the small number of joints affected, and the frequency of cardiac involvement. In the articular cases the commonest mode of onset is with fever and joint pains, the many cases have fever and other symptoms before the development of joint pains. Fever may persist for several days after subsidence of joint symptoms, and this is especially frequent in those cases in which cardiac symptoms are associated.

Endocarditis is an exceedingly common manifestation of rheumatic fever in early life, and for a time or throughout may be the only man ifestation. The physical signs are the characteristic endocardial murmurs, in some cases irregular cardiac rhythm, accelerated rate, and irritability of the heart. Elevation of temperature is always present and frequently dyspnoea. Joint symptoms may be associated, but the frequency of acute endocarditis as the only manifestation of rheumatic fever in childhood should be remembered.

Acute pericarditis is another common manifestation. These cases have fever and precordial pain, and frequently dyspnoea and cough. The physical signs are the same as in adults. The pericarditis may be dry or serous, never purulent. Articular signs may be present or absent, as in cases of endocarditis. Pericarditis and endocarditis may be associated.

In cases that show signs of broken compensation there is probably an associated myocarditis which is to be considered the chief cause of dilatation rather than over-exertion.

There was a history of chorea in 29 per cent. of the 300 cases, a fact which speaks strongly for its rheumatic origin.

The mortality in children is much higher than in adults—20 per cent. in this series. This high mortality is not generally recognized.—J. T. T.

An Explosive Epidemic of Water-Borne Typhoid Fever.—Stokes and Price (Maryland Medical Journal, December, '06) report an epidemic of typhoid at Mt. Savage, Md., due to infection of a spring. A woman who occupied a house on a steep incline 100 yards from a large flowing spring was taken ill with typhoid fever. The drainage from this house ran near the spring, from which 200 workmen were accustomed to drink. One week after the onset of typhoid fever in the case of the woman, 20 of the 200 workmen were also taken ill with what proved to be typhoid fever. From that time additional cases continued to develop until the total number reached 115, of which 108 were from the 200 workmen.

The incubation period varied from one week to perhaps five weeks. Bacteriological examination showed the presence in the spring water of the colon bacillus, demonstrating intestinal pollution. The attack rate, i. e., the percentage of those infected to the total number of those exposed, was 54 per cent. This rate was unusually high, and due to the fact that a large number of typhoid bacilli found their way into a small body of water.—J. T. T

Reviews.

The Treatment of Disease. A Manual of Practical Medicine.—By Reynold Webb Wilcox, M. A., M. D., LL. D., Professor of Medicine at the N. Y. Post Graduate Medical School and Hospital; consulting Physician to the Nassau Hospital; visitiug physician to St. Mark's Hospital, Fellow of the American Academy of Medicine and various other medical societies. Published by P. Blakiston's Sons & Co., Philadelphia.

This work, by a widely known writer, is just from the press. It is beautifully printed ou excellent paper, from clear type, and strongly bound in red buckram. While called "The Treatment of Disease," the aetiology, pathology, symptoms, diagnosis, complications, prognosis and prophylaxis, as well as the treatment of each disease are clearly but concisely set forth. Many diseases are considered that are not always treated of in works on medicine, for example, paratyphoid fever, Malta fever, sprue, epidemic gangrenous proctitis, the diseases of children, syphilis, etc. In section III full consideration is given to "The Intoxications," as lead, arsenical, mercurial, antimonial poisoning, iodism, cramion, alcoholism and the effects of the chloral, morphine, cocaine, tobacco and other drug habits. Tuberculosis in its many forms is very fully considered. New matter is presented under "Diseases of the Ductless Glands." Diseases of the nervous system are quite freely treated of, and the work closes with a very satisfactory chapter on "Parasite Diseases."

The work is clearly written, up-to-date in every respect, and although somewhat condensed, is a most excellent manual which we can confidently recommend as a very valuable addition to the busy practitioner's library. As the author has been for many years a teacher of practicing physicians, he well understands their needs and how best to present needed information. .J.

Physical Diagnosis. With Case Examples of the Inductive Method. — By Howard S. Anders, A. M., M. D. Professor of Physical Diagnosis, Medico-Chirurgical College, Philadelphia, physician to the Philadelphia General Hospital, etc., etc. $3.00. D. Appleton & Co., New York and London, 1907.

This is one of the few books that deal exclusively with physical dignosis. It has 88 illustrations, 32 full page plates, including 30 Roentgenograms, illustrating diseases of the chest and abdomen.

The volume very properly opens with a consideration of the topographical anatomy of the chest, with the necessary land marks clearly pointed out and figured. A study of inspection and its teachings follows; then palpation and percussion. Different methods of practicing the latter are pointed out, and—what is too often neglected—the importance of varying its force is illustrated. Methods of auscultation, in normal and pathological conditions, are fully set forth.

After this very full exposition—nearly 200 pages—cases are presented illustrative of different lung diseases, and the cardiac and abdominal diseases are similarly presented. Part III is taken up with "The Roentgen Ray in Medical Diagnosis." This chapter—12 pages—is contributed by Dr. G. E. Pfahler.

The work is the fullest and most scientific exposition of the subjects presented with which we are acquainted, and will be an important addition to any physician's library. We advise its purchase and its daily use in practice. J.

International Clinics. A quarterly of Illustrated Clinical Lectures and Especially Prepared Original Articles. Vol. I—Seventeenth Series, 1907. J. B. Lippincott Company, Phila.

Thirty-two volumes of this well-bound, neatly printed, well illustrated series of clinical lectures on the shelves of the reviewer, bear silent testimony to his appreciation of the works. The articles have always been timely, practical and by the world's best men. The present volume is no exception. "The Psychic Treatment of Functional Neurosis," by L. F. Barker, is the first article on a subject just now attracting wide attention. Tuberculosis, Gastric Ulcer, Functional Heart Disease, Neurotic Joint Affections, are some of the subjects treated, and a number of others of equal interest, making a book of exceptional value.

Text-Book of Psychiatry. A Psychological Study of Insanity for Practitioners and Students.—By Dr. E. Mendel, A. O. Professor in the University of Berlin. Authorized Translation. Edited and enlarged by William C Krauss, M. D., Buffalo, N. Y., President oı Board of Managers Buffalo State Hospital for Insane; Medical Superintendent Providence Retreat for Insane; Neurologist to Buffalo General, Erie County, German, Emergency Hospitals, etc.; member of the American Neurological Association. 311 pages. Crown octavo. Extra cloth. $2.00 net. F. A. Davis Co., publishers, 1914-16 Cherry street, Philadelphia, Pa.

Within the 300 pages of this volume is compressed a fairly complete exposition of our present knowledge of psychiatry. The small size of the book has its advantages as well as its disadvantages. Illustrations and illustrative cases are necessarily almost entirely lacking. Definitions and descriptive text are condensed to a degree that, at times, sacrifices clearness. And yet, its convenient size invites rather than discourages recourse to it as an aid in the perplexities of a most difficult subject. Nor will it disappoint the seeker for light upon the many confusing phases which that subject presents. The field is thoroughly covered in the two main divisions of the book, General and Special Psychiatry. The first is treated under seven subdivisions: General symptomatology; etiology; outbreak, course, duration, result; pathological anatomy; diagnosis; prognosis; general treatment. The second, under five: Idiotism, functional psychoses; psychoses arising from central neuroses; psychoses of intoxication; organic psychoses. Under these secondary subdivisions are classified all the phases of psychologic abnomality. The work closes with a very full and useful guide to the examination of cases of suspected mental

disease. A full index is also appended. We cannot resist the observation, however, that the book is yet to be written, that will deliver us from the sorry spectacle of one set of eminent alienists finding a state of fine mental balance in a person in whom another set, equally eminent, see only paranoiac delusions and irresponsibility. W.

Psychology Applied to Medicine. Introductory Studies.—By David W. Wells, M. D., 12mo. 140 pages. $1.50. F. A. Davis Co.

On the whole this is a splendid little work. The author's aim is to bridge over the gap between psychology and medicine. Bridges over this gulf were long needed, and several have been supplied, more pretentious than this, in recent years. In the book under review only the main beams of a bridge are placed, but criticism is disarmed by the author's sub-title, "Introductory Studies," and by the appending of a bibliography directing the student whither to go for materials to complete the structure. A chapter of the work is devoted to "Reason" and "Instinct;" a splendid one to "Habit;" and others to "Sensation" and "Experimental Psychology." The history of hypnotism and its forbears is admirably condensed in a fifth chapter, and the phenomena and theories of hypnotism fairly well put before the student in two chapters following. The remaining chapters, devoted to mental healing, are full of meaty substance. The work contains no padding and is well proportioned save in the third and fourth chapters, where the author, who is an oculist, has been misled by his specialty into a momentary forgetfulness of "the eternal fitness of things." Moreover, no bibliography on this subject is adequate that does not include the works of Dr. A. T. Schofield, of London. The work under review should be in the hands of every student and practitioner of medicine who has not already been introduced to the subject of which it treats. It will lead him to desire a better acquaintance with a fascinating study, too long overlooked or neglected by the profession. Medical psychology is "no longer merely a cultural study, but is a means of solving many practical problems presented to the physician." The reaction from the ultra-materialism of the last century is here, and the art of medicine is destined to profit wonderfully from psychological studies. Every physician who wishes to be "fit" should pursue these studies ardently in his active days. He will find use every hour for the knowledge they will bring him. It has been said of Prof. Paul Du Bois' epoch-making book that no man is fit to practice medicine who has not read it, and the statement is almost true. It is absolutely true to say that no man is so fit who has not begun the study in some degree of psychology as applied to medicine. The little book of Dr. Wells furnishes an attractive stepping stone into this fruitful field. C. A. W.

The Etiology and Diagnosis of Epidemic Cerebro-Spinal Meningitis.—By Archibald William Tavis, M. D., New York. This is the Fiske Fund Prize Dissertation for 1906, for which a prize of $250.00 was awarded. It is a 40 page pamphlet fully and clearly discussing the interesting subject. Snow & Farnham, Providence.

33d Annual Report of the Medical Director of the Cincinnati Sanitarium.

This well established and popular institution is under the medical directorship of Dr. F. W. Langdon, with Drs. B. A. Williams and C. B. Rogers as resident medical officers. The report shows that the daily average of inmates reached nearly one hundred, indicating that the institution is in a very prosperous condition, and deservedly so, for Dr. Langdon stands in the front rank in his specialty of nervous diseases.

New and Non-Official Remedies.—

This is a publication from the press of the American Medical Association and contains a list of the articles tentatively approved by the Council on Pharmacy and Chemistry of the A. M. A., with their composition, action, uses and doses. It should be in the hands of every practitioner who desires to get away from the nostrum prescribing habit. Send for a copy and enclose ten cents.

J. B. Lippincott Co.'s Catalogue of Medical and Surgical Publications. Beautifully printed and illustrated. A postal application will bring it.

The Cure of Psoriasis, with a Study of 500 Cases observed in private practice. L. D. Bulkley, A. M., M. D. Reprint from Journal American Medical Association.

Prophylaxis and Treatment of Internal Diseases. By Fred'k Forcheimer. Cloth, $5.00. D. Appleton & Co., New York.

Review in next issue.

Miscellany.

THE COUNTY SOCIETY.

The following letter was sent to every reputable practitioner of Cherokee County (Kansas) Medical Society by the secretary. We commend the example to all of our West Virginia county societies. All the arguments apply in this state as well as in Kansas.—Editor.

Why You Should Be a Member of the Cherokee County Medical Society.

1st. You are benefited by a mutual exchange of ideas; and become better students thereby.

2nd. A better fraternal feeling is promoted between the different members of the profession, and we come to know each other, and when we meet in consultation or professionally we have a kindlier feeling toward our brother practitioner.

3rd. Your dues in the County Medical Society are $3.00 per year. One dollar of this amount is kept by the County Society and $2.00 pays the dues to the State Society. When you become a member of the County Society you are a member of the State Society, and also eligible to membership in the American Medical Association.

There are three successive steps, and first is the **County Society**—which is a component part of the State Society. The second is the State Society. The third and last step is the American Medical Association. But the County Society is the only door to enter these three organizations.

4th. We need you. We do not care what school of medicine you practice, so that you have a license from the State of Kansas, and practice medicine in the true sense of the word, and keep the profession on the high plane it should have in every community.

My Dear Doctor:

Here are a few reasons why you should be a member of the Cherokee County Medical Society; do you know any reason why you should not join? For three dollars you secure membership in both the County and State Societies for the rest of this and all of next year; you receive the Journal of the Kansas Medical Society for the same time; and you have your name entered in the Directory of the American Medical Association which will be used by life insurance and railroad companies in making their appointments. The Journal alone is well worth the price of all. Can you afford to stay out?

Fill the enclosed application blank and return to me with $3.00 and I will do the rest.

Do it now.

R. C. LOWDERMILK, Secretary.

P. S. Kindly acknowledge receipt of this letter at once even if you do not join now.

Medical Examiners' Fees.—The following resolutions were unanimously passed by both the House of Delegates and the general session of the Kentucky State Medical Association at its last meeting:

Resolved, By the Kentucky State Medical Association, in annual convention assembled, that the organized and concerted attempt to lower the standard and compensation of medical examiners all over this country is not only most unjust and degrading to our profession, but is so unsound as a business proposition that it cannot but ultimately prove most expensive and dangerous to all policy-holders in these companies, made up of our patrons and ourselves.

Resolved, That a large experience having demonstrated that the thorough and painstaking examination of every applicant for insurance cannot be made for less than five ($5.00) dollars, we recommend that this amount be fixed as the minimum fee, and shall be morally binding on all members in this State on and after January 1, 1907.

Resolved, That in view of the vast interests involved we urge the profession in every county in this State to meet at the earliest practicable day and arrange for organized resistance to this organized and inexcusable oppression. We advise that this be done outside of the society, and that, so far as possible, it include every reputable physician in the county, whether a member of the society or not. We advise that the agreement be not made a test of membership, our reliance being upon the justice of our cause, a spirit of mutual helpfulness and co-operation, and our evident duty to protect the best interests of policy-holders.

Resolved, That we pledge our cordial support to those companies which have so managed their affairs that they have never been tainted with charges of corruption, and consequently have not found it necessary to degrade their medical subordinates, or otherwise destroy the protection to policy-holders, and our secretary is hereby instructed to publish a list of such companies in each issue of the Journal, upon condition that they are approved by our active and fearless State Commissioner of Insurance.

Dickens makes the good wife of a good doctor say:

"We are not rich in the bank, but we have always prospered, and we have quite enough. I never walk with my husband but I hear the people bless him. I never go into a house of any degree but I hear his praises, or see them in grateful eyes. I never lie down at night, but I know that in the course of that day he has alleviated pain, or soothed some fellow creature in time of need. I know that from thanks have often gone up in the last hour for his patient ministration. Is not this to be rich?"

"**The psychical method** has always played an important, though largely unrecognized part, in therapeutics. It is from faith, which buoys up the spirits, sets the blood flowing more freely, and the nerves playing their part without disturbance, that a large part of all cures arises. Despondency, or lack of faith, will often sink the stoutest constitution almost to death's door; faith will enable a spoonful of water or a bread pill to do almost miracles of healing when the best medicines have been given over in despair. The basis of the entire profession of medicine is faith in the doctor, his drugs and his methods."—Osler.

Who Should Not Marry.—(J. B. Huber.) Those who contemplate marriage should proceed with caution if they are conscious of any abnormal stigma and suggestion of degeneracy in themselves. Undoubtedly the possibility of parentage on the part of men and women who are unfit—the nearly related, couples whose ages vary widely, the neurotic, or pervert, or insane, the drug habitues, those who have hereditary taint or alcoholism, the syphilitic, the consumptive—the possibility of parentage among such as these should be precluded as far as possible. Generally speaking, all such are likely to transmit to their offspring vitiated tissues upon which with unusual ease the Koch bacillus and its allied cocci may implant themselves and multiply. The principle of 'natural selection" will act to prevent many such marriages. However, when they are contemplated, and the physician's advice is asked, he should permit no marriage where tuberculosis is active in either man or woman.—J. D. L.

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